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AUSTRALIAN DRUG TRENDS 2004
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Monograph No. 55

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[1] Please note that in 2005, the Drug and Alcohol Services Council of South Australia underwent a name change to become Drug and Alcohol Services of South Australia (DASSA) and will be referred to as such in future IDRS publications.

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- Australian Bureau of Statistics;
- Australian Customs Service;
- Australian Institute of Health and Welfare;
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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood Borne Viral Infections
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IDU (s)	Injecting drug user (s)
KE(s)	Key expert (s)
MDMA	3,4-methylenedioxymethamphetamine
N	(or n) Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PBAC	Pharmaceutical Benefits Advisory Committee
PDI	Party Drugs Initiative
QLD	Queensland
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is a national illicit drug monitoring system intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with injecting drug users (IDU); interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs.

The IDRS monitors the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis. The IDRS is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in detail. It is important to note that the information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring. Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, in which new drug trends are likely to emerge.

Key findings from the 2004 IDRS

1. In 2004 the availability of heroin was reported to be stable in those jurisdictions in which heroin has traditionally predominated, although the prevalence and frequency of use has not returned to the levels seen in 2000. However, the price of a gram of heroin decreased in most jurisdictions to levels reported prior to the heroin shortage except in NSW, TAS, WA and QLD. Heroin was cheapest in NSW, VIC and the ACT and was most expensive in WA.

2. Methamphetamine prices remained relatively stable in 2004. All forms of methamphetamine were reported to be 'easy' or 'very easy' to obtain and availability was stable. Substantial proportions of IDU continue to use all forms of methamphetamine. In 2004, the proportion of IDU that reported recent use of powder and crystal methamphetamine remained stable and varied for base use. Substantial proportions of IDU in TAS and WA reported use of pharmaceutical stimulants.

3. The price of a gram of cocaine increased in NSW, the only state where sufficient numbers were able to comment. The proportions of IDU reporting recent cocaine use decreased in all jurisdictions except in WA and the NT. The frequency of cocaine use remained stable in all jurisdictions except in the NT where it increased.

4. Cannabis remained easy to obtain in all jurisdictions. Hydroponically grown cannabis continued to dominate the market and was considered 'easy' or 'very easy' to obtain in all jurisdictions. The use of outdoor cultivated cannabis (bush), hash and hash oil was noted in all jurisdictions. The price and availability was considered to be stable, and the potency 'high' for hydroponic and 'medium' for bush.

Demographic characteristics of the national IDU sample

Nine hundred and forty eight IDU participated in the 2004 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the national sample was 33.1 years and 66% were male. The vast majority of the sample spoke English as their main language at home, and 10% identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. About two thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 10.1 years of schooling and about half had completed courses after school. About three quarters of the sample were unemployed. Five percent of the sample reported that they were currently involved in sex work.

The majority of participants were not currently in any form of drug treatment, while those in treatment were predominantly in methadone or buprenorphine maintenance. Almost half of the national sample reported that they had previously been imprisoned.

Patterns of drug use among IDU

The mean age of first injection was 19.2 years. Of the national sample, 49% reported that amphetamine was the first drug injected, whereas 41% had first injected heroin and 5% morphine.

Heroin was nominated by over half of the national sample as the drug of choice, followed by methamphetamine, cannabis and morphine. Heroin was the last drug injected by the largest proportion of IDU, followed by methamphetamine, morphine, and then methadone. Over half of participants in NSW, VIC and the ACT reported heroin as the last drug they had injected. Substantial proportions of IDU in SA, WA, QLD and TAS had last injected methamphetamine. In the NT, the drug most likely to have last been injected was morphine, followed by methamphetamine. TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone.

The drug injected most often in the last month followed the same pattern. Substantial proportions in all jurisdictions, except NSW and VIC, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone most often in the preceding month. In the NT, morphine was injected most often in the preceding month by two thirds of IDU, and had also been injected most often by significant minorities of IDU in TAS, SA and QLD.

Almost half of the 2004 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in NSW and the NT. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the extent of polydrug use across jurisdictions.

Heroin

In 2004, it appears there has been a continued trend towards the stabilisation of the heroin market, however the price of heroin did return to prices reported prior to the heroin shortage in most states. Purity, availability and levels of use did not return to the levels reported prior to the heroin shortage. Indicator data reflected the IDU data indicating stabilisation of the heroin market. Purity of analysed heroin seizures decreased markedly from 1999 and appears to have stabilised in the last financial year. Overdose deaths have shown a similar pattern, stabilising in 2003 after declining from 1999. The available data on heroin or other opioid arrests indicated that arrests stabilised in 2002/03 and have not returned to the higher levels experienced prior to the shortage.

Price: The price of heroin decreased in 2004 (except in NSW and TAS where it remained stable) returning to those prices reported before the heroin shortage (except in NSW, TAS, WA and QLD where it remained higher). Heroin remained cheapest in NSW, VIC and the ACT ($300 per gram) and most expensive in WA ($500 per gram, Table 2).

Purity: IDU reported heroin purity as low to medium. Purity analyses of State Police seizures from 2003/04 remained relatively stable, with a decrease in purity from 1999 (Table 1).

Table 1: Median purity of total heroin seizures[1] for financial year, 1999/00-2003/04

	Median Purity									
	State Police					AFP				
	99/00	**00/01**	**01/02**	**02/03**	**03/04**	**99/00**	**00/01**	**01/02**	**02/03**	**03/04**
NSW	59.3	49.0	n.a	26.0	**30.5**	69.2	71.0	64.6	71.1	**67.1**
ACT			21.1	23.9	**32.2**	52.5	38.8	-	19.6	**32**
VIC	53.1	43.0	15.0	22.6	**25.7**	58.8	36.8	75.1	68.8	**71.5**
TAS	-	-	-	70.4	**-**	74.6^	-	-	-	**-**
SA	48.3	43.2	22.4	18.9	**25**	69.0	-	54.3	-	**-**
WA	55.5	48.5	19.5	24.0	**25**	71.8	68.3^	36.3	-	**29.7^**
NT	-	31.0	**-**	n.a	**-**	-	75.3^	-	-	**-**
QLD	50.2	42.3	18.5	22.5	**28**	**-**	51.3^	57.5	69.9	**73.4**

Source: ABCI, 2001, 2002. ACC 2003 & 2004

1. Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no State Police seizures were analysed in SA Jan –June 2001. 2001/02 State Police data are not yet available for NSW. 2002/03 data not available for the NT. In 2003/04 no heroin seizures were analysed for the NT and TAS. Figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of heroin received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of heroin seized by State Police in the relevant quarter. The period between the date of seizure by Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

Availability: The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2004 reported that the availability had remained stable in the six months preceding interview (Table 2).

Use: Heroin use has stabilised in most states, however the frequency of use increased in VIC and WA and decreased in the other states except in TAS and the NT where it remained stable. The median days of heroin use has not returned to the levels reported prior to the heroin shortage of 2001.

Table 2: Estimated availability and median price of heroin by jurisdiction, 2000 to 2004

	Availability#	Price $ per gram					Price $ per cap				
	2004	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004
NSW	Very easy to easy Stable	220	320	300	300	**300**	25	50	50	50	**50**
ACT	Very easy to easy Stable	300	485	350	350	**300**	50	50	50	50	**50**
VIC	Very easy to easy Stable	300	450	400	380	**300**	50	50	50	50	**40**
TAS	Difficult to very difficult Stable	375	325	350*	350*	**350***	50	50	82.50*	50	**50***
SA	Very easy to easy Stable	320	350*	450*	425*	**320***	50	50	50	50	**50**
WA	Very easy to easy Stable	450	750	550	550	**500**	50	50	50	50	**50***
NT	Difficult to easy Stable to difficult	600	550	500*	-	**400***	50	100	85*	50	**53**
QLD	Very easy to easy Stable	350	450	350	400	**380**	50	50	50	50	**50**

Source: IDRS IDU interview

Participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Reported price is median price of last purchase.

* Reports based on small numbers, Dashes represent no purchases

Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder (speed), methamphetamine base and crystal methamphetamine (ice).

Price: All forms of methamphetamine remained the cheapest in SA (Table 4). The majority reported the price of all forms of methamphetamine as stable, however a significant minority in VIC, WA, QLD and the NT reported that the price was increasing.

Purity: There is no clear trend in purity of methamphetamine, with variation in purity across jurisdictions, although median purity of State Police seizures remains below 32% (Table 3). Larger proportions of IDU reported the purity of speed, base and ice as medium to high.

Table 3: Median purity of total[1] methamphetamine seizures analysed by State Police and the AFP, 1999/00 - 2003/04

	Median Purity									
	State Police					AFP				
	99/00	00/01	01/02	02/03	03/04	99/00	00/01	01/02	02/03	03/04
NSW	6.0	4.5	n.a.	8.6	**11**	14.4	5.3	10.5	47.1	**43.1**
ACT	-	-	7.1	11.5	**-**	4.6	2.6	80.3	7.0	**19.7**
VIC	6.4	6.0	15.0	22.7	**23.5**	5.4	9.9	19.4	3.1	**11.9**
TAS	5.5	3.5	24.8	12.2	**16.9**	-	-	-	-	**-**
SA	8.3	n.a	14.6	21.5	**19.8**	-	-	2.0^	-	**-**
WA	15.0	19.0	23.0	18.0	**32**	77.1	12.6	80.0^	-	**79.2**
NT	4.0	6.0	5.5	n.a	**-**	-	-	80.3	77.3	**-**
QLD	26.3	28.6	19.7	19.4	**16.9**	6.0	-	2.3	-	**78.6**

Source: ABCI, 2001, 2002. ACC 2003 & 2004 1. Seizures ≤2g and >2g combined

Dashes represent no seizures analysed, ^ median purity based on one seizure.

1. Due to industrial action no State Police seizures were analysed in SA Jan –June 2001. 2001/02 State Police data are not yet available for NSW. 2002/2003 data not available for the NT. In 2003/04 no methamphetamine seizures were analysed for the NT. Figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine seized by Police in the relevant quarter. The period between the date of seizure by Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

Availability: The majority of respondents in all jurisdictions reported that speed, base and ice were all 'easy' or 'very easy' to obtain and that availability was stable.

Use: The proportion of IDU reporting use of speed in the six months preceding interview has stabilised in all jurisdictions and was highest in VIC and lowest in NSW. The proportion of IDU reporting recent use of base varied. The use of ice stabilised in all jurisdictions.

Table 4: Estimated availability and median price of methamphetamine by jurisdiction, 2000-2004

	Availability* 2004	Price ($) gram of powder					Price point ($) base and ice*							
		2000	2001	2002	2003 (point)	2004 (point)	2000	2001	2002		2003		2004	
									Base	Ice	Base	Ice	Base	Ice
NSW	**Powder, Base & Ice:** Easy/very easy, Stable	90	100	100	50^ (50)	**100 (50)**	50	50	50	50	50	50	**50**	**50**
ACT	**Powder and Ice:** Easy/ very easy, Stable **Base:** Mixed reports, small numbers, Stable	180	250	300	175^ (50)	**200 (50)**	-	50	50	50	50^	50	**50**	**50**
VIC	**Powder & Base^:** Easy/very easy, Stable **Ice:** Easy/very easy, Stable to more difficult	50	200	200	200 (40)	**180 (40)**	50	50	35^	50	40^	50	**35^**	**50**
TAS	**Powder and Base:** Easy/very easy, Stable **Ice:** Easy, Stable to more difficult	80	70	80	215^ (50)	**290 (50)**	50	50	50	50^	50	50	**50**	**50**
SA	**Powder, Base & Ice:** Easy/very easy, Stable	50	50	50	100 (25)	**50 (27.50)**	30	30	25	25	30	50	**25**	**30**
WA	**Powder, Base & Ice:** Easy/very easy, Stable	200	250	250	260 (50)	**260 (50)**	50	50	50	50	50	50	**50**	**50**
NT	**Powder, Base & Ice:** Easy/very easy, Stable	80	80	80	100 (50)	**200 (50)**	50	50	50^	80^	50	50^	**50**	**50**
QLD	**Powder, Base & Ice:** Easy/very easy, Stable to more difficult	80	180	200	200 (50)	**200 (50)**	50	50	30	50	50	35	**50**	**50**

Source: IDRS IDU interview

Participants were asked 'How easy is it to get at the moment?' & 'Has this changed in the last 6 months?'

* In 2000 and 2001 base and ice were combined under 'potent forms' of methamphetamine. Therefore the price reflects both forms. In 2002 to 2004 they were separated to provide more information on the price and availability of the different forms of methamphetamine.

^ Small numbers (n≤10) reported and therefore should be interpreted with caution.

Cocaine

Cocaine price, purity and availability were reported by small numbers of respondents in all jurisdictions except NSW. This in itself is an indication of limited cocaine use in the sample surveyed by the IDRS and may reflect smaller or more hidden markets.

Price: With the exception of NSW, small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. WA had no respondents for the price of cocaine. Cocaine was cheapest in SA at $190 a gram (increased in NSW from $200 to $290), and a cap of cocaine remained stable at $50 in NSW.

Purity: The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT (Table 5). Many states had few or no State Police seizures analysed. In 2003/04 most of the cocaine seizures analysed were from NSW, VIC and QLD. The AFP generally seizes cocaine at the border, with higher purity. Of those able to comment, nearly a third (27%) reported the purity as low and 30% as medium.

Availability: Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 28% reported it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

Use: The proportion of IDU reporting recent cocaine use decreased in NSW (53% to 47%), the ACT (13% to 10%), SA (13% to 6%), VIC (13% to 10%), QLD (16% to 10%) and in TAS (9% to 4%). The frequency of use remained stable in all jurisdictions except in the NT where it increased from 2 days to 6 days and in WA where it decreased from 6 days to 2 days.

Table 5: Median purity of cocaine seizures by jurisdiction 1999/00 – 2003/04

	Median Purity %									
	State Police					AFP				
	99/00	00/01	01/02	02/03	03/04	99/00	00/01	01/02	02/03	03/04
NSW	34.0 n=36	52.0 n=101	n.a	27.0 n=52	**32.0 n=97**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	**72.3 n=348**
ACT	-	-	35.9 n=5	-	**48.0 n=3**	25.9 n=2	35.9 n=2	-	-	**48 n=3**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	**32.6 n=27**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	**75.3 n=34**
TAS	-	44.6^ n=1	44.0^ n=1	-	**-**	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	**38.5 n=10**	-	66.9 n=94	-	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	**3.0 n=4**	35.8^ n=1	33.8 n=3	72.4 n=4	-	**59.4 n=9**
NT	-	-	24.0^ n=1	-	**-**	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	**14.9 n=30**	76.3 n=33	72.7 n=11	63.1 n=15	-	**71.7 n=24**

Source: ABCI 2001, 2002; ACC, 2003 & 2004

1. Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no State Police seizures were analysed in SA Jan –June 2001. 2001/02 State Police data are not available for NSW. In 2003/04 no cocaine seizures were analysed for the NT or TAS. Figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by Police in the relevant quarter. The period between the date of seizure by Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

Cannabis

Price: The price of an ounce of hydroponic cannabis remained cheapest in SA (Table 6). Gram prices varied from $20-$25, consistent with previous years. In SA, bags of approximately 2.5 grams were sold for $25. The majority of IDU in all jurisdictions reported that the price had remained stable in the preceding six months.

Potency: As in previous years, the IDU in all jurisdictions perceived potency of hydroponic cannabis as 'high' and 'medium' for bush cannabis. The potency was considered stable for both forms.

Availability: Cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Use: As in all previous years of the IDRS, cannabis use was common, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was reported in all jurisdictions by over half of respondents (46% in VIC to 80% in TAS). The use of hash (6% in NSW to 27% in WA) and hash oil (5% in NSW, VIC, ACT and the NT to 15% in WA) in the preceding six months was also reported in all jurisdictions.

Table 6: Estimated median price, potency and availability of cannabis by jurisdiction, 2000-2004

	Availability 2004		Price $ per gram							Price ($) per ounce						
			2000	2001	2002	2003[1]		2004[1]		2000	2001	2002	2003[1]		2004[1]	
	Hydro	Bush				Hydro	Bush	Hydro	Bush				Hydro	Bush	Hydro	Bush
NSW	Very easy	Very easy to difficult	20	20	20	20	20	**20**	**20**	300	320	300	310	225	**300**	**175**
ACT	Very easy/easy	Very easy to difficult	25	20	20	20	20	**20**	**20**	300	280	250	322.5	200	**280**	**200**
VIC	Very easy/easy	Very easy to difficult	20	20	20	20	20	**20**	**20**	280	250	250	280	250	**240**	**180**
TAS	Very easy	Very easy/easy	25	25#	25	25	25	**25**	**25**	300	280	250	300	150	**280**	**180**
SA	Very easy/easy	Very easy/easy	25*	25*	25*	20*	25*	**25***	**25***	220	200	180	200	180	**200**	**180**
WA	Very easy/easy	Very easy/easy	25^	25^	25	25	20	**25**	**25**	300	250	250	270	200	**250**	**200**
NT	Very easy/easy	Easy	25	25	25	25	25	**25**	**23**	300	300	300	305	200	**300**	**200**
QLD	Very easy/easy	Easy	25	25	25	25	15	**25**	**20**	300	320	300	310	240	**300**	**200**

Source: IDRS IDU interviews

1. in 2003 and 2004 IDU were asked about the price or hydroponic cannabis and bush cannabis separately

* approximately 2.5 grams # approximately 1.5 grams ^ approximately 2 grams

Other drugs

Twenty five percent of the national sample reported the use of illicit methadone syrup and 12% reported illicit Physeptone® tablets in the six months preceding interview. Twenty seven percent reported that illicit methadone was the form of methadone used most. Of those that reported recent use of methadone over half (58%) reported recent injection on a medium of five days.

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS. The majority of participants that reported they had used morphine, reported they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Almost half (43%) of the TAS sample and 26% of IDU in WA reported injection of pharmaceutical stimulants in the six months preceding interview. Benzodiazepine injection continued to occur among significant minorities in TAS (30%) and in the NT (20%). The injection of illicit methadone syrup (62%) and illicit Physeptone® (47%) was highest in TAS. Twenty nine percent of IDU in VIC reported the injection of illicit buprenorphine, followed by 20% in WA, 16% in QLD, 11% in SA and less that 10% in the other jurisdictions.

Associated harms

The proportions of IDRS IDU samples that report lending or borrowing needles have remained stable in 2004, however the proportion of the sample that reported sharing some form of injecting equipment has increased to 45% (from 34% in 2003). This is of concern due to the risk of blood borne viral infections such as Hepatitis C virus, which is prevalent in the IDU population.

Consistent with previous years, the majority of IDU (74%) in the national sample reported that they had last injected at home. However, substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

The majority (71%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview, with significant proportions reporting scarring/bruising (50%) and difficulty injecting (indicating poor vascular health, 42%).

In 2004, there was a dramatic increase (28% to 71%) in the proportion of the national IDU sample reporting having attended a health professional for a mental health problem other than drug use in the preceding six months. As in 2003, depression was the most commonly reported mental health problem among the IDU sample, followed by anxiety.

As in previous years, about half (48%) of the national sample had engaged in at least one type of criminal activity in the preceding month, most often drug dealing (31%) and property crime (24%). Recent self reported crime rates were lowest in ACT (34%) and highest in TAS (63%).

Forty two percent of the national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences reflecting the crimes most commonly reported in the past month.

Implications

Australian Drug Trends 2004 presents the findings of the fifth year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2004 findings indicate that although there are some commonalities in drug trends across the country, there is also substantial variation. For example, the diversion and misuse of specific pharmaceutical drugs raise issues to consider in different jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state and territory.

The 2004 IDRS data suggest some stabilisation of the heroin market: the price of heroin reduced in some instances; availability and use were stable, although the frequency of use reduced in most jurisdictions. Use has not returned to the levels reported prior to the heroin shortage in most jurisdictions; however this trend needs to be monitored to see if it is indicative of a sustained change in availability and use. If heroin becomes increasingly available then it would be expected that there may be a concomitant increase in the harms associated with heroin use as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. A recently completed NDLERF funded project conducted by NDARC, the Australian Customs Service and the NSW police focussed on developing our understanding of these markets (McKetin and McLaren 2004).

The reported increase in the use and availability of ice raises issues for health and law enforcement professionals. Reports by KEs suggest that there is concern among health and law enforcement professionals on how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained the use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of ice should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to seize large amounts of cocaine at the Australian border, indicating that there is a substantial cocaine market in Australia. The 2004 IDRS suggests that the use of cocaine, frequency of use and availability has stabilised in NSW, while use remains

sporadic in other jurisdictions. As cocaine use is sporadic among the IDRS samples interviewed, more detailed research is needed to further investigate the cocaine markets in Australia. Partly in recognition of issues such as this, NDLERF in 2003 funded a two year national trial which targets populations likely to consume a proportionally greater share of the cocaine market, the Party Drugs Initiative (PDI); the PDI provides information on cocaine use among regular ecstasy user populations across the country (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). Furthermore, NDLERF has funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand. This project will investigate use among high socio-economic status users, recreational poly drug users and IDU in an attempt to provide more detailed information.

The frequency of cannabis use among IDU samples stabilised in all jurisdictions in 2004. Although IDU interviewed for the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia suggest that lifetime use is reported by at least one in three people, and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was hydroponically grown, future work could be conducted to examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reported using 'illicitly' sourced pharmaceuticals, further investigation into the sources is required. Turning Point Alcohol and Drug Centre Inc did examine buprenorphine diversion and injection among IDUs in Melbourne and identified it as an issue that requires attention (Jenkinson, Clark et al. 2005). Careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of injecting equipment increased in 2004 and remain relatively high (45% of the national sample). Consequently, continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups. The PDI, which has been funded in every jurisdiction in Australia from 2003-2005, has documented patterns and trends in use among regular ecstasy users (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). The information provided by the PDI will be an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of

pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

1. INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). The IDRS has been conducted in all states and territories of Australia since 2000. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs, in particular, heroin, methamphetamine, cocaine and cannabis. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore the IDRS can provide direction for more detailed data collection on specific issues.

The complete IDRS methodology consists of three components: interviews with injecting drug users (IDU); interviews with key experts (KE) who, through the nature of their work, have regular contact with illicit drug users; and an examination of existing indicator data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

The complete IDRS was trialled in NSW in 1996, and was expanded to include SA and VIC in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of key expert interviews and examination of existing indicator data sources, was conducted in all other jurisdictions. From 2000, with additional funding provided by NDLERF, the complete IDRS was conducted in all jurisdictions. This advance has provided five years in which standardised, directly comparable data relating to illicit drug use and markets were collected in all jurisdictions. The *Australian Drug Trends 2004* report presents these findings.

To provide an understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) via the NDARC website: national http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.national, and jurisdictional http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.state (TAS: (Bruno 2005); NSW: (Black, Degenhardt et al. 2005); VIC: (Jenkinson and O'Keefe 2005); WA: (Fetherston and Lenton 2005); SA: (Weekley, Pointer et al. 2005); QLD: (Kinner and Fischer 2005); NT: (Moon 2005); ACT: (Buckingham, Ward et al. 2005).

Since 2000, trends in the use of ecstasy and related drugs have formed a separate, specialised component of the IDRS, and are reported elsewhere (Breen, Topp et al. 2002; White, Breen et al. 2003; White, Breen et al. 2004; Stafford, Degenhardt et al. 2005). Previous copies of these reports are available from the above website addresses.

Study Aims

The primary aims of the 2004 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, namely heroin, methamphetamine, cocaine and cannabis; and

2. to detect and document emerging drug trends of national significance that requires further and more detailed investigation.

2. METHOD

The 2004 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA ((Hando, O'Brien et al. 1997; Hando, Darke et al. 1998). In 2004, in all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

1. a quantitative survey of IDU;

2. a semi structured interview with KEs who worked with illicit drug users; and

3. analyses of indicator data sources related to illicit drug use.

These data were used to provide an indication of emerging trends in drug use and illicit drug markets. Comparisons of data sources were used to determine convergent validity of illicit drug trends. The data sources were also used in a supplementary fashion, in which KEs reports served to validate and contextualise the quantitative information obtained through the IDU survey and/or trends suggested by indicator data.

Comparable methodology was followed in each site for individual components of the IDRS. Any differences in methodology have been highlighted. Further information on methodology in each jurisdiction in 2004 can be found in the jurisdictional *Drug Trends 2004* reports, available from NDARC.

2.1 Survey of injecting drug users

A total of 948 IDU were interviewed in 2004. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (e.g., (McKetin, Darke et al. 2000). As such, they can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 948 IDU who participated in the 2004 IDRS were interviewed between June and August, 2004. The sample sizes in each jurisdiction were: NSW, n=157; VIC, n=150; NT, n=111; QLD, n=129; ACT, n=100; SA, n=101; TAS, n=100; and WA, n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey,

IDU needed to have been injecting at least monthly during the six months preceding the interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions except the ACT and QLD were reimbursed up to $30 for their time and expenses incurred. In QLD participants were reimbursed $20 and in the ACT money was provided to agencies that assisted with participant recruitment, and agency management redistributed a proportion of the fee to participants, either in cash or in kind. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in the 2003 IDRS (Breen, Degenhardt et al. 2004), which was based on previous NDARC studies of heroin and amphetamine users (Darke, Hall et al. 1992; Darke, Cohen et al. 1994). In 2004, amendments were made to the questionnaire in an attempt to collect more detailed information on the price, potency and availability for outdoor cultivated (bush) and indoor cultivated (hydroponic) cannabis separately and to also gather information on verbal and physical aggression while under the influence of drugs by self or others. While participants were asked about mental health problems in previous years an extra question was asked to find out if they had had any mental health problems other than drug dependence in the last six months. The methamphetamine 'flashcards' were not used in the 2004 questionnaire as the majority of the participants from each methamphetamine category were able to identify the pictures as speed, base or crystal in the 2003 questionnaire.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their state.

2.2 Survey of key experts

A total of 286 KEs were interviewed, either by telephone or in person, between June and September 2004. All KEs in the ACT, TAS, VIC and the NT, the majority of KEs in QLD and SA and a couple in NSW and WA were interviewed in person. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding the interview, or contact with at least ten illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing.

Participants in the KE component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KEs. They were screened for eligibility prior to the interview. The purpose and methodology of the IDRS were described to KEs prior to the interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate.

The numbers of KEs recruited in each jurisdiction were: NSW, *n*=60; QLD, *n*=37; TAS, *n*=31; SA, *n*=29; VIC, *n*=50; WA, *n*=27; ACT, *n*=29; and NT, *n*=23. KEs included GPs, pharmacists, drug dealers, staff of drug treatment agencies, NSPs workers, staff of research organisations, user groups, law enforcement agencies, youth services, counselling services, ambulance services and general health agencies.

In 2004, heroin and other opioids (such as morphine) were the most discussed drug classes by key experts compared to methamphetamines in 2003. Nearly three quarters (70%) of the KEs sampled in WA and nearly half in SA (52%), QLD (49%), and TAS (48%) discussed methamphetamine. Smaller proportions discussed methamphetamine in the ACT (41%), NSW (28%), the NT (26%) and VIC (9%). As in previous years, a greater proportion of KE discussed heroin and other opioids in VIC (83%), the NT (48%), NSW (45%) and the ACT (45%). Smaller proportions discussed heroin and other opioids in SA (38%), QLD (32%), TAS (29%) and WA (8%). Cannabis was also discussed in TAS (23%), the NT (22%) and smaller proportions or none discussed cannabis in the other jurisdictions (NSW – 18%; ACT – 14%, QLD – 14%, the NT – 5%, VIC – 4%; and SA – 0%). Like 2003, there was an absence of KE comments on cocaine; five discussed cocaine in NSW, one in the NT, while there were no KEs in other jurisdictions commenting on cocaine.

KE interviews took approximately 45 minutes to administer. The 2004 KE interview schedule was very similar to KE interviews administered in previous years, which was based on previous NDARC research for the World Health Organization (Hando, Flaherty et al. 1997). The interview schedule was a semi-structured instrument that included sections on demographic characteristics of illicit drug users; drug use patterns; the price, purity and availability of drugs; criminal activity; and health issues.

The interview schedule consisted of open and closed ended questions, and the interviewers took notes during the interview that were later transcribed into a variety of data analysis formats that differed across jurisdictions. In an attempt to standardise data collection across jurisdictions and across time, while still retaining the primarily qualitative format, check boxes were added to the end of many questions to ensure that the necessary basic information was obtained. Once the interviews were transcribed, basic content analysis (Kelleher 1993) was used to identify recurring themes within drug classes.

Detailed reports of KE interviews may be found in each jurisdictional report (TAS: (Bruno 2005); NSW: (Black, Degenhardt et al. 2005); VIC: (Jenkinson and O'Keefe 2005); WA: (Fetherston and Lenton 2005); SA: (Weekley, Pointer et al. 2005); QLD: (Kinner and Fischer 2005); NT: (Moon 2005); ACT: (Buckingham, Ward et al. 2005).

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the IDU and KE surveys. These included data from survey, health, research and law enforcement sources. The pilot study for the IDRS (Hando, O'Brien et al. 1997) recommended that such data should:

- be available at least annually;
- include 50 or more cases;

- provide brief details relating to illicit drug use;
- be collected in the main study site (i.e. in the city or jurisdiction of the study); and
- include details on the four main illicit drugs under investigation.

Data sources which fulfilled at least four of these criteria and were available for most or all jurisdictions, included:

- drug purity data provided by the Australian Crime Commission (ACC). This included the number and median purity of seizures of illicit drugs made by state and federal law enforcement agencies that were analysed in Australia during the 2003/04 financial year.
- data on consumer and provider arrests by drug type provided by the ACC.
- data from the 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005)
- data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare**,** ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments)
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS- NMDS) (Australian Institute of Health and Welfare 2004)
- drug injection prevalence data and HIV/HCV seroprevalence data from the 2003 Australian needle and syringe program survey, provided by the National Centre for HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research 2004)
- pharmacotherapy statistics from the Australian Government Department of Health and Ageing;
- opioid, cocaine and amphetamine-related overdose fatalities from the Australian Bureau of Statistics (ABS); and
- data on the number and weight of seizures of illicit drugs made at the border by the Australian Customs Service for the financial year 2003/04.

Indicator data reported in the individual state reports may contain data from different sources than reported in this national overview.

2.4 Data analysis

Since 2000, the complete IDRS has been conducted in all jurisdictions, providing comparable data across Australia. The year 2004 is the fifth year that directly comparable data drawn from standardised, quantitative IDU interviews conducted in all jurisdictions has been available, and therefore data can be presented not only across jurisdictions but also over time.

Therefore, the IDU survey results are used as the primary basis on which to estimate drug trends. IDU surveys provided the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and is also presented in this report.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Categorical variables were analysed using χ^2. To investigate differences between states dummy variables were created and an individual state was compared against all the others states combined. All analyses were conducted using SPSS for Windows, Version 12.0 (SPSS inc 2004).

3. RESULTS

3.1 Overview of the IDU sample

A total of 948 IDU were interviewed for the 2004 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the overall sample was 33.1 years (SD 8.6; range 16-56), and 66% were male (Table 7). Female participants were, on average, significantly younger than males (31 versus 34.2 years, t_{946}=-5.4, p<0.001). The majority (95%) of the sample spoke English as their main language at home, and 10% identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent (NSW did not collect this information in 2004). Sixty two percent of the sample currently resided in their own house or flat (including renting), and 11% lived in their parents or family home. Fourteen percent described their current accommodation as a boarding house or hostel, 10% were homeless and a further 3% resided in temporary accommodation.

The mean number of school years completed by the overall sample was 10.1 (SD 1.7; range 2-13), and 47% had completed courses after school, with 37% possessing a trade or technical qualification, and 10% having completed a university degree or college course. About three quarters (77%) of the sample were unemployed, 11% were employed on a part-time or casual basis, 5% were employed full-time, 6% were engaged in home duties and 2% were students. Five percent of the sample reported that they were currently involved in sex work.

Nearly half (46%) of participants were currently in any form of drug treatment, while 30% were in methadone maintenance treatment and 13% in buprenorphine treatment. In the preceding six months, 44% of the sample had been in some form of drug treatment; with 31% having been in methadone maintenance, 19% in buprenorphine maintenance or detoxification, 12% in drug counselling, 5% in detoxification, and 1% in naltrexone treatment.

Forty six percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (54% of males versus 33% of females; OR 2.42; 95%CI: 1.82, 3.20). The demographic characteristics of the 2004 sample are similar to those of the national sample of IDU recruited for the IDRS in previous years (McKetin, Darke et al. 2000; Topp, Darke et al. 2001; Topp, Kaye et al. 2002; Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004).

Table 7: Demographic characteristics of the national sample, 2000-2004

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	30.1 (8.2; 15-57)	32.9 (8.6; 16-62)	**33.1 (8.6; 16-56)**
% male	68	67	64	64	**66**
% English speaking background	94	95	96	97	**95**
% ATSI	11	14	14	14	**10^**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	10.3 (1.7; 0-13)	10.1 (1.6; 1-13)	**10.1 (1.7; 2-13)**
% completed trade/technical qualification	31	37	37	49	**37**
% completed university/college	12	9	10	10	**10**
% unemployed	68	73	73	76	**77**
% students	5	4	3	2	**2**
% prison history	43	44	45	43	**46**
% currently in drug treatment	34	36	37	40	**46**

Source: IDRS IDU interviews
^ Information not obtained in NSW for 2004

As in previous years the majority of participants in all jurisdictions were male (Table 8). Consistent with the IDU interviewed in 2003, the TAS sample contained the youngest participants and the NT sample the oldest. Sample characteristics within jurisdictions were broadly consistent with previous years.

The SA sample contained a higher proportion of students than the other samples. As in 2003, the sample recruited in NSW were significantly more likely to have a history of imprisonment than IDU recruited in other jurisdictions (67% vs. 42%; OR=2.8, 95% CI 1.9, 4.0), while the TAS sample were less likely to have a prison history (25% in TAS compared to 49% in other jurisdictions).

Substantial proportions of all samples were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of IDU who are current and active participants in illicit drug markets; as a result, those in the IDU samples who report being in treatment may be *unrepresentative* of treatment populations more generally.

Table 8: Demographic characteristics of IDU by jurisdiction, 2004*

	NSW N=157	ACT N=100	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=111	QLD N=129
Mean age (years)	34 (33)	35 (34)	31 (30)	30 (29)	33 (35)	33 (34)	36 (37)	34 (33)
% male	68 (68)	65 (64)	60 (60)	65 (70)	61 (53)	67 (69)	75 (69)	66 (62)
% English speaking background	88 (88)	98 (100)	96 (95)	93 (100)	98 (97)	97 (100)	99 (100)	97 (100)
% ATSI	^ (33)	8 (14)	5 (5)	10 (14)	14 (11)	6 (8)	17 (13)	12 (14)
School education (yrs)	9 (10)	11 (11)	10 (10)	10 (10)	10 (10)	10 (10)	10 (10)	10 (10)
% trade/tech qualification	40 (47)	32 (37)	37 (45)	37 (21)	29 (32)	40 (51)	42 (39)	38 (35)
% university/college	3 (6)	17 (7)	5 (7)	4 (4)	26 (16)	16 (16)	8 (17)	9 (12)
% unemployed	83 (86)	81 (83)	85 (83)	76 (69)	63 (68)	61 (66)	83 (75)	72 (70)
% students	1 (1)	1 (0)	2 (1)	3 (7)	6 (3)	1 (3)	0 (0)	0 (4)
% prison history	67 (68)	45 (38)	51 (41)	25 (25)	41 (33)	37 (30)	49 (48)	43 (47)
% currently in drug treatment	60 (47)	48 (42)	38 (38)	65 (65)	48 (33)	51 (41)	20 (24)	36 (39)
% currently engaged in sex work	11 (14)	4 (1)	5 (10)	1 (2)	2 (3)	8 (3)	2 (2)	7 (9)

Source: IDRS IDU interviews
*Comparable data from 2003 presented in brackets
^ Information not obtained from NSW 2004

3.2 Drug use history and current drug use

3.2.1 First drug injected

The mean age of first injection of the overall sample was 19.2 years (SD 5.7; range 9-48). IDRS results from previous years (McKetin, Darke et al. 2000; Topp, Darke et al. 2001; Topp, Kaye et al. 2002; Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004) and other recent studies (Lynskey and Hall 1998) have identified a decrease in the age of initiation among new recruits to injecting. To investigate this trend, the overall sample of 948 IDU was divided into two groups: those aged ≤ 25 years at the time of interview (n=218), and those aged > 25 years (n=730). The younger group was significantly, on average, 3.6 years younger at the time of first injection than the older group (16.4 versus 20.0 years; t_{909}=13.5; p<0.001). Overall, there was a significant correlation between age at the time of interview and age of initial injecting (Spearman's r=0.38; p<0.001), indicating that more recent cohorts of IDU in Australia are initiating injecting at an earlier age (consistent with previous research by (Lynskey and Hall 1998). This correlation was significant in all jurisdictions, with the correlation coefficients ranging from Spearman's r=0.28 (NT) to r=0.45 (QLD).

Of the overall sample, 49% reported that methamphetamine was the first drug injected, whereas 41% had first injected heroin, and 5% morphine. In NSW (62%) and the ACT (51%), the majority of participants reported heroin as the first drug injected. In all other jurisdictions, between 47% (NT) and 57% (WA) of participants had first injected methamphetamine (Table 9).

Table 9: Drug use patterns among IDU by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Mean age first injected (yrs)	19	20	19	18	19	20	19	19	20
First drug injected (%)									
Heroin	41	62	51	43	9	39	34	41	40
Methamphetamine	49	32	47	53	49	53	57	47	56
Morphine	5	1	0	1	32	2	3	4	<1
Cocaine	1	3	1	0	0	1	2	4	<1
Methadone	<1	<1	0	0	2	0	1	0	<1
Drug of choice (%)									
Heroin	58	78	68	63	38	48	47	44	61
Methamphetamine	20	10	20	11	19	33	35	18	23
Morphine	6	0	3	5	13	3	2	24	3
Cocaine	3	8	1	2	1	2	2	6	2
Methadone	2	<1	1	0	16	3	0	<1	<2
Cannabis	7	2	7	14	8	7	9	3	8
Last drug injected (%)									
Heroin	44	80	71	63	0	36	36	3	39
Methamphetamine	26	12	19	15	35	40	41	23	37
Morphine	15	1	3	6	20	13	6	78	11
Cocaine	1	5	0	0	0	0	0	1	<1
Methadone	7	1	5	0	42	5	2	3	9
Buprenorphine	4	0	0	16	0	3	4	1	2
Injected most often last mth (%)									
Heroin	47	80	74	69	1	37	42	4	43
Methamphetamine	26	11	24	13	29	39	45	22	38
Morphine	15	<1	1	7	20	13	3	77	11
Cocaine	1	4	0	0	0	1	1	<1	0
Methadone	7	3	1	0	48	6	1	4	4
Buprenorphine	3	0	0	12	0	2	4	<1	2
Injection frequency last mth (%)									
Not in last month	<1	<1	4	0	0	0	1	0	<1
Weekly or less often	19	8	24	17	20	32	10	17	28
Between weekly and daily	35	34	31	31	53	31	49	25	33
Daily	15	10	21	17	13	14	20	20	11
Two-three times daily	23	33	18	27	10	19	17	32	22
More than three times a day	6	14	2	7	4	5	3	5	5

Source: IDRS IDU interviews

3.2.2 Drug of choice

Heroin was nominated by over half (58%) of the national sample as the drug of choice, followed by methamphetamine (20%), cannabis (7%) and morphine (6%). As in previous years, there were jurisdictional differences in the drug of choice among IDU (Table 9). In NSW, ACT, VIC and QLD more than half of the IDU nominated heroin as their drug of choice and 23% or less in these jurisdictions nominated methamphetamine. WA (35%) had the highest proportion of IDU who nominated methamphetamine as their drug of choice, followed by SA (33%) and QLD (23%). Significant minorities in TAS nominated methadone or morphine as their drug of choice. Substantial minorities of IDU in the NT reported morphine as their drug of choice. Heroin is not as widely available in the NT and TAS and this may influence the reports of drug of choice, however the data suggests that the majority of IDU in most states prefer opioids. Previously, NSW was the only jurisdiction where cocaine was nominated as a drug of

choice by significant proportions. However, in 2003 and 2004 there was a decrease in the proportion in NSW that nominated cocaine as the drug of choice (30% in 2002 to 4% in 2003 and 8% in 2004) and again, this may reflect the availability of the drug.

3.2.3 Last drug injected

Forty four percent of the national IDU sample reported that heroin was the last drug injected, followed by methamphetamine (26%), morphine (15%), and methadone (7%). Heroin was the drug last injected by more than half of participants in NSW, VIC and the ACT. Forty one percent of IDU in WA and substantial proportions of IDU in SA, QLD, TAS and NT had last injected methamphetamine (Table 9). As in previous years, NSW recorded the lowest proportion of IDU reporting methamphetamine as the drug last injected and the highest reporting heroin and cocaine. In the NT, the drug most likely to have last been injected was morphine, followed by methamphetamine. TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone (42%).

3.2.4 Drug injected most often

There were similar patterns between the last drug injected and the drug injected most often in the last month. Forty seven percent of the national sample reported injecting heroin most often in the last month, followed by 26% injecting methamphetamine, 15% morphine, 7% injecting methadone and 3% injecting buprenorphine most often in the last month. Heroin was reported by over two thirds of IDU in NSW, VIC and the ACT, and had been injected most often by substantial minorities in QLD (Table 9). Methamphetamine was injected most often by over 30% of participants in WA, SA, QLD and TAS. Substantial proportions in all other jurisdictions, except NSW and VIC, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone most often in the preceding month. In the NT, morphine was injected most often in the preceding month by over two thirds of IDU, and had also been injected most often by significant minorities of IDU in TAS, SA and QLD. Cocaine was reported by very small proportions of IDU as the drug injected most frequently in NSW, SA, WA and NT. There were no other reports of cocaine in any of the other jurisdictions (Table 9).

3.2.5 Frequency of injection

Nearly half (44%) of the 2004 national sample reported injecting daily in the month preceding interview; 15% injected once per day, 23% two to three times a day and 6% reported injecting more than three times a day. Thirty five percent reported they had injected more than weekly but not daily and 19% reported injecting weekly or less. As in previous years, frequency of injection was highest in NSW (Table 9), where 57% of participants had injected at least daily in the preceding month, and 14% had injected more than three times per day. The NT (57%) also had the highest rate and VIC (51%) contained substantial proportions of participants who reported injecting at least daily. The majority of participants in all other jurisdictions reported less than daily injection. TAS reported the lowest frequency of injection in 2004, with 27% reporting at least daily injection.

3.2.6 Trends over time

Similar proportions of the 2002 (56%), 2003 (57%) and 2004 (58%) national samples nominated heroin as their drug of choice. This figure increased from 2001 (48%), when in response to the shortage of heroin availability throughout 2001, it appeared some IDU switched their drug of choice to stimulant drugs, methamphetamine in most jurisdictions and cocaine in NSW (Topp, Kaye et al. 2002).

Those reporting heroin as the drug of choice is reflected in the behaviour of IDU: in 2004 heroin was the last drug injected by 44% of the national sample, followed by methamphetamine (26%), morphine (15%) and methadone (7%). The number reporting methamphetamine as the last drug injected dropped nationally from 32% in 2003 to 26% in 2004.

As in previous years of the IDRS the IDU were poly drug users. Of the 17 drug types asked about in 2004*, the national sample had used an average of 11.7 (SD 2.9; range 2-17) drugs in their lives, and 7.2 (SD 2.3; range 1-15) in the preceding six months. An average of 5.7 (SD 2.6; range 1-12) drugs had been injected by the sample over their lives, and 3.0 (SD 1.6; range 1-10) in the six months preceding interview. There was little difference in the extent of poly drug use across jurisdictions (Table 10).

Table 10: Polydrug use history of IDU by Australian jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Mean no. drugs ever used*	11.7	11.0	11.7	11.9	12.5	11.5	13.0	11.0	11.4
Mean no. drugs used last 6 mths	7.2	7.0	7.0	7.3	7.9	6.2	8.3	6.9	7.2
Mean no. drugs ever injected	5.7	4.6	5.6	5.3	6.6	5.2	6.8	6.0	5.5
Mean no. drugs injected last 6 mths	3.0	2.8	3.1	2.9	3.5	2.5	3.5	3.1	3.0

Source: IDRS IDU interviews

* All forms of methamphetamine and methadone were each considered to be a single drug class.

Table 11: Drug use history of the overall IDU sample (N=948), 2004

Drug Class	Ever used	Ever Injected	Injected last 6 mths	No. days injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swallow	Swallow. last 6 mths	Used last 6 mths	No. days used last 6 mths*
Heroin	91	90	69	60	47	7	21	2	20	4	69	72
Methadone - licit	60	32	13	48					59	32	33	180
Methadone - illicit	50	39	21	5					32	12	25	4
Physeptone - licit	12	8	2	39	<1	<1	<1	<1	9	2	3	30
Physeptone - illicit	33	25	10	6	<1	-	<1	-	20	5	12	6
Other opiates	44	21	6	4	8	2	1	<1	32	18	22	6
Morphine	78	74	46	12	2	<1	<1	<1	39	18	49	12
Homebake	27	27	8	10	2	<1	<1	<1	3	1	8	11
Speed powder	88	87	52	9	15	4	50	8	41	9	53	9
Base/point/wax	56	54	38	9	4	1	5	2	15	6	38	10
Ice/shabu/crystal	74	71	50	7	25	13	7	3	13	6	52	6
Amphetamine liquid	27	26	7	2					6	1	8	2
Pharmaceutical stimulants	43	26	13	4	1	<1	2	<1	32	11	19	4
Cocaine	66	52	11	5	12	2	37	6	8	1	16	4
Hallucinogens	76	18	1	2	3	<1	1	<1	74	9	10	2
Ecstasy	66	34	11	2	2	<1	9	3	58	22	28	3
Benzodiazepines	85	39	14	6	5	<1	3	<1	81	65	67	30
Buprenorphine - licit	34	17	9	14	<1	<1	<1	<1	33	20	21	90
Buprenorphine - illicit	23	20	12	4	<1	<1	<1	<1	9	6	16	3
Alcohol	97	9	<1	1					96	68	68	12
Cannabis	97										82	180
Anti-depressants	51	3	<1	5					51	27	27	180
Inhalants	31										7	3
Tobacco	98										94	180

The proportion of IDU that reported lifetime and recent (i.e. in the preceding six months) use of most drugs remained stable in 2004. The only notable exception is the proportions reporting recent use of licit and illicit buprenorphine; with an increase in the proportion of IDU reporting recent use from 26% to 34% for licit and from 17% to 23% for illicit in 2004 (Table 11).

3.2.8 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most in that time. Table 12 depicts proportions of IDU samples in all jurisdictions that reported having used different forms of the drug in the preceding six months in the columns headed 'used'. The columns headed 'used most' in Table 12 refer to the specific form of the drug class that IDU reported having used the most in the preceding six months. For example, 88% of IDU in NSW reported using heroin powder in the preceding six months, and 41% said that this was the form of heroin that they had used the most in the preceding six months. Eighty nine percent of IDU in NSW had used heroin 'rock' with 59% reporting 'rock' as the form most used.

Heroin

Generally, IDU in most jurisdictions were as likely to report that they had used heroin 'rock' and heroin powder. Proportions reporting use of rock and powder were relatively high in all jurisdictions except TAS and the NT. It still remains unclear whether heroin rock is anything other than compressed powder. As in previous years, proportions of IDU that reported recent heroin use were highest in NSW followed by ACT, QLD and VIC. The proportion of IDU reporting recent use of heroin powder increased in WA, NT and QLD and decreased in VIC. The recent use of heroin 'rock' increased in SA, WA, NT and QLD.

Methamphetamine

The largest proportions of IDU reporting recent use of speed was in VIC (64%). Speed was the form most used in the preceding six months in VIC and NT. WA (85%) had the largest proportion of IDU reporting recent use of `ice' and it was also the form most used in the last six months in ACT, WA and NSW. As in 2003, the recent use of base was common in TAS and QLD. In TAS, QLD and SA substantial proportions of IDU reported that base was the form of methamphetamine they had used most in the preceding six months. Proportions of IDU reporting recent use of liquid methamphetamine were low in NSW, VIC, TAS, WA and the ACT, but were higher in QLD, SA, and the NT. As in 2003, recent licit prescription amphetamine use was generally low, with the highest proportion in WA (7%). Use of illicit prescription stimulants was reported by half of TAS IDU and by substantial proportions of the WA sample; however this form was generally not reported as the form most used.

NSW continued to record the lowest proportion of IDU reporting recent speed use in addition to low proportions reporting base and ice relative to other Australian jurisdictions. Previously it was suggested that this may be because cocaine is the stimulant of choice and more available to many IDU in Sydney. However, the frequency and patterns of cocaine use were stable in NSW in 2004. Methamphetamine has not traditionally been the drug of choice among IDU sampled in NSW.

In 2004 the median number of days any form of methamphetamine was used among the national sample was 22 days, reflecting weekly use. There was a wide range in patterns of use reported, from once in the preceding six months to daily use.

Cocaine

The recent use of cocaine in NSW remained low at levels similar to that of 2003 compared to 2002 (from 79% in 2002 to 53% in 2003 and 46% in 2004), as in previous years, recent cocaine use remained most common in NSW. Small proportions in the other jurisdictions reported recent cocaine use.

As in previous years, only small numbers of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack. Real crack cocaine is only bioavailable when smoked, and of the 14 participants in the national sample that reported using crack in the preceding six months only half of them reported smoking as a route of recent administration. Ongoing investigation is required to be able to confidently comment on the availability and use of crack in Australia.

Cannabis

As in all previous years of the IDRS, cannabis smoking among IDU was common, and hydroponic cannabis continued to dominate the market. However, recent use of outdoor crop cannabis was also high, ranging from 59% in NSW to 80% in TAS, and between 9% (NSW and VIC) to 31% (TAS) reported that outdoor crop cannabis was the form of cannabis they had used most in the preceding six months.

Hashish had been used in the preceding six months by substantial proportions of IDU in most jurisdictions, ranging from 6% in NSW to 27% in WA, although only one percent reported that hashish was the form of cannabis they had used most in that time in WA, NT and QLD. Rates of recent use of hash oil ranged from 4% in VIC to 15% in WA. Only one participant in the national sample (from SA) reported that hash oil was the form of cannabis they had used the most in the preceding six months.

3.2.9 Pharmaceuticals obtained licitly and illicitly

Table 12 draws a distinction between pharmaceuticals (such as methadone, buprenorphine, morphine and anti-depressants) that were obtained *licitly* versus those that were obtained *illicitly*. *Licit* obtainment of pharmaceuticals was defined as pharmaceuticals obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner. Methods such as these were defined as *illicit* obtainment. The definition does not distinguish between the inappropriate use of *licitly* obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.

Methadone

Half of the IDU sample had used methadone in the six months preceding interview, with the frequency of use increasing to nearly daily use (120 days to 170 days in 2004). In all jurisdictions, more IDU had recently used methadone syrup obtained licitly than illicitly except in the NT. The proportion of IDU reporting use of illicitly obtained methadone

syrup ranged from 10% (VIC) to 64% (TAS) where as methadone obtained licitly was also lowest in the NT (14%) and highest in NSW (56%).

In the national sample, half (51%) of those who had used methadone licitly in the preceding six months reported that this was the main form of methadone they had used. Generally low rates of recent use of licitly obtained Physeptone® tablets were recorded, ranging from 0% in VIC and WA to 7% in TAS. Over half of the IDU in TAS (52%) and substantial minorities in the NT (24%) and SA (10%) reported the recent use of illicitly obtained Physeptone®.

Buprenorphine

In all jurisdictions except VIC, WA and the NT, more IDU had used buprenorphine licitly than illicitly.

The proportion that used licitly obtained burpenorphine ranged from 5% in TAS to 35% in VIC. The proportion that used illicitly obtained buprenorphine ranged from 4% in the TAS to 35% in VIC.

Frequency of buprenorphine use increased to 36 days from 27 days in 2003. IDU who reported recent use of licit buprenorphine had used on 90 days in the preceding six months, while illicit buprenorphine use was less frequent (median three days).

Morphine

As in previous years substantial proportions of IDU in the NT reported recent use of morphine obtained licitly (29%), and remained low in the other jurisdictions. The proportions of IDU reporting recent use of morphine obtained illicitly were higher in every jurisdiction, ranging from 26% in NSW to 80% in the NT. The majority of IDU in all jurisdictions who reported recent use of illicit morphine reported that this was the form of morphine they had used most in the preceding six months.

Other opioids

The proportions reporting recent use of 'other opioids' obtained licitly, such as pethidine and codeine, ranged from 4% in SA to 21% in VIC, and most of those that obtained 'other opioids' licitly reported them as the main form of 'other opioids' they had used.

Rates of recent use of 'other opioids' obtained illicitly were highest in TAS (32%) and lowest in ACT (3%). Again, most of those who had used 'other opioids' from illicit sources reported that these were the main form they had used, except in ACT, VIC and NT (stable). This suggests that there may be small numbers of IDU who obtain 'other opioids' illicitly as their main source of opioids, rather than large numbers of IDU illicitly obtaining opioids.

Benzodiazepines

Between a quarter and over two thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months (from 24% in ACT to 71% in TAS). Unlike 2003, only NSW and TAS reported illicit benzodiazepine use as the main form of benzodiazepine used in the preceding six months (perhaps related to restrictions upon the availability of the traditionally preferred gel capsule preparations). Many of those who obtained benzodiazepines illicitly, however, also obtained them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 38% in NT to 58% in VIC.

Antidepressants

The proportions reporting recent use of licitly obtained antidepressants ranged from 18% in the ACT to 34% in TAS, and all of those who had obtained licit antidepressants reported that this was the main form they had used. As in previous years, rates of recent illicitly obtained antidepressant use were very low (less than 10% in all jurisdictions), suggesting that these pharmaceuticals are not as likely to be diverted.

Pharmaceutical stimulants

IDU were asked about their use of pharmaceutical stimulants or prescription amphetamines (including dexamphetamine). The proportions that reported recent use varied across jurisdictions; recent use was particularly high in TAS (51%) and in WA (43%).

The majority (86%) of those that reported recent use of prescription amphetamines had sourced them illicitly. Ten percent reported they had used licit amphetamines.

Table 12: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2004

	NSW N=157		ACT N=100		VIC N=150		TAS N=100		SA N=101		WA N=100		NT N=111		QLD N=129	
Form of drug	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***
Heroin (%)																
Powder	88	41	86	65	58	13	8	17	49	40	67	39	24	46	69	41
Rock	89	59	79	35	85	87	18	67	56	59	58	39	27	49	66	57
Methadone (%)																
Syrup, licit	56	78	33	60	21	69	54	62	28	71	30	66	14	31	28	59
Syrup, illicit	29	21	30	40	10	29	64	24	14	21	16	23	24	27	26	35
Physeptone, licit	2	1	2	0	0	0	7	6	4	8	0	0	4	4	2	2
Physeptone, illicit	2	0	1	0	2	2	52	8	10	0	8	11	24	38	4	4
Buprenorphine (%)																
Licit	17	66	25	86	35	55	5	63	27	74	22	57	14	46	23	56
Illicit	8	34	5	14	35	45	4	37	12	26	23	43	15	54	19	44
Morphine (%)																
Licit	5	16	5	13	9	16	4	3	12	31	5	11	29	27	9	8
Illicit	26	84	32	87	36	84	61	97	35	69	35	89	80	73	47	92
Other opiates (%)																
Licit	10	45	8	70	21	70	11	21	4	21	20	49	5	50	9	41
Illicit	12	55	3	30	11	30	32	79	13	79	24	51	5	50	12	59

Source: IDRS IDU interviews *among those that reported use

Table 12: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2004 (continued)

Form of drug	NSW N=157		ACT N=100		VIC N=150		TAS N=100		SA N=101		WA N=100		NT N=111		QLD N=129	
	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*
Methamphetamines (%)	35	27	49	18	64	71	60	31	45	29	63	14	60	46	61	32
Powder	5	0	7	1	3	0	2	0	12	1	5	0	20	4	14	4
Liquid	45	55	78	77	41	24	52	15	48	34	85	66	38	20	59	27
Crystalline	31	15	23	2	11	0	72	43	46	36	49	6	30	21	62	37
Base	0	0	3	2	1	0	1	0	1	0	7	7	5	3	<1	0
Prescription, licit	6	2	14	0	8	5	51	12	7	0	43	8	14	7	6	0
Prescription, illicit																
Cocaine (%)																
Powder	47	100	8	100	7	85	4	100	5	100	12	92	13	86	8	91
Crack	1	0	0	0	1	15	0	0	1	0	3	8	3	14	2	9
Cannabis (%)																
Hydroponic	77	91	78	81	74	91	84	69	77	81	82	81	80	85	74	85
Naturally grown	59	9	74	19	46	9	80	31	73	18	72	18	70	14	67	14
Hashish	6	0	13	0	9	0	17	0	22	0	27	1	19	1	12	1
Hash oil	5	0	5	0	4	0	9	0	13	1	15	0	5	0	12	0
Benzodiazepines (%)																
Licit	41	44	44	70	58	61	52	49	40	71	52	64	38	56	42	65
Illicit	52	56	24	30	47	39	71	51	33	29	46	36	41	44	39	35
Anti-depressants (%)																
Licit	20	94	18	81	28	91	34	83	19	91	20	100	25	96	26	97
Illicit	1	6	5	19	3	9	8	17	2	10	1	0	2	4	3	3

Source: IDRS IDU interviews *among those that reported use

3.2.10 Drugs used the day before the interview

Table 13 presents the drugs that had been used by IDU on the day preceding the interview, by jurisdiction. Small proportions of IDU in all jurisdictions (ranging from 2% in NSW to 10% in QLD) had not used any drugs on the day preceding the interview.

As in previous years, rates of heroin use on the day preceding the interview were highest in NSW (61%), with half in the ACT (53%) and VIC (49%) reporting heroin use the day prior to interview. As in previous years, TAS and NT reported low rates of heroin use on the previous day.

The highest proportion of IDU reporting methamphetamine use on the day prior to interview was in QLD and WA and the lowest, in VIC. As in previous years, methadone use was much higher on the day preceding the interview in TAS than in all other jurisdictions. NSW (47%) also recorded a high level of methadone use the day before the interview. TAS (40%) and VIC (39%) recorded higher rates of benzodiazepine use on the day before the interview. The use of morphine on the day preceding interview was high in the NT (67% which increased from 55% in 2003) relative to other jurisdictions. The use of other opioids was generally low. Cannabis use on the day preceding interview was reported by over half of respondents in all jurisdictions but WA and QLD, with the highest in TAS (62%). Cocaine use on the day preceding the interview was reported by 2% or less in all jurisdictions except NSW (6%).

Table 13: Drugs used the day before the interview, by jurisdiction, 2004

Drug (%)	National N=948	NSW N=157	ACT N=100	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=111	QLD N=129
No drugs	5	2	6	5	4	6	5	3	10
Heroin	33	61	53	49	1	27	25	2	27
Methamphetamine*	18	13	16	11	18	19	29	14	31
Cocaine	2	6	-	1	-	-	2	1	1
Cannabis	51	55	51	51	62	55	44	51	43
Benzodiazepines	27	27	20	39	40	26	28	14	19
Other opiates	2	3	-	4	1	3	1	1	1
Methadone	28	47	28	13	57	29	27	7	21
Alcohol	22	15	21	26	20	25	26	22	25
Morphine	16	5	8	7	17	13	6	67	12
Anti depressants	10	8	5	12	15	10	10	11	12
Buprenorphine	11	5	10	25	3	16	12	8	9

Source: IDRS IDU interviews

* Includes powder, base and ice

4. HEROIN

The price, purity and availability of heroin in 2004 are reported in Table 14 by jurisdiction. At least half of IDU in all jurisdictions except TAS and the NT provided comment on some aspect of heroin (NSW 94%; ACT 91%; VIC 86%; QLD, 76%; SA, 62%; WA 69%; NT 24%, TAS 16%;). Comparable figures from 2003 are presented Appendix A, Table A1.

4.1 Price

The prices in Figure 1 represent the median price of the last purchases of a gram of heroin made by IDU. In 2001, the cost of heroin increased across all Australian jurisdictions with established heroin markets (i.e., excluding TAS and the NT). In 2002, the prices of a gram of heroin decreased and remained stable in 2003. In 2004, the price of a gram of heroin dropped in most states to prices below or the same as those reported in 2000 except in NSW were it continues to stay at 2002 levels (and also in TAS, WA and QLD where it continued to be slightly higher than those reported in 2000). The gram price reported in TAS was based on four purchases, in NT on seven purchases and in SA on ten purchases so these median prices should be considered with caution.

As in 2004, a gram of heroin remained cheapest in NSW ($300), although this price remained $80 higher than the median price reported by IDU in 2000 ($220). The price of heroin was also cheapest in VIC and the ACT ($300). Heroin remained most expensive in WA ($500).

The price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions except VIC and NT. Small numbers reported purchasing caps in the WA and TAS (n<10). In NSW, the price doubled between 2000 ($25) and 2001 ($50) and has remained stable since then.

Figure 1 shows IDU estimates of the price of a gram of heroin over the several years of data collection of the IDRS in NSW, VIC and SA and since 2000 in all other states. Since 1996, heroin prices had remained stable or decreased every year until 2001, when the IDRS detected increases in the cost of heroin for the first time. The prices have returned to those prices reported before the heroin shortage of 2001, except in NSW, TAS, WA and QLD where it is higher.

Table 14: Price, purity and availability of heroin by jurisdiction, 2004

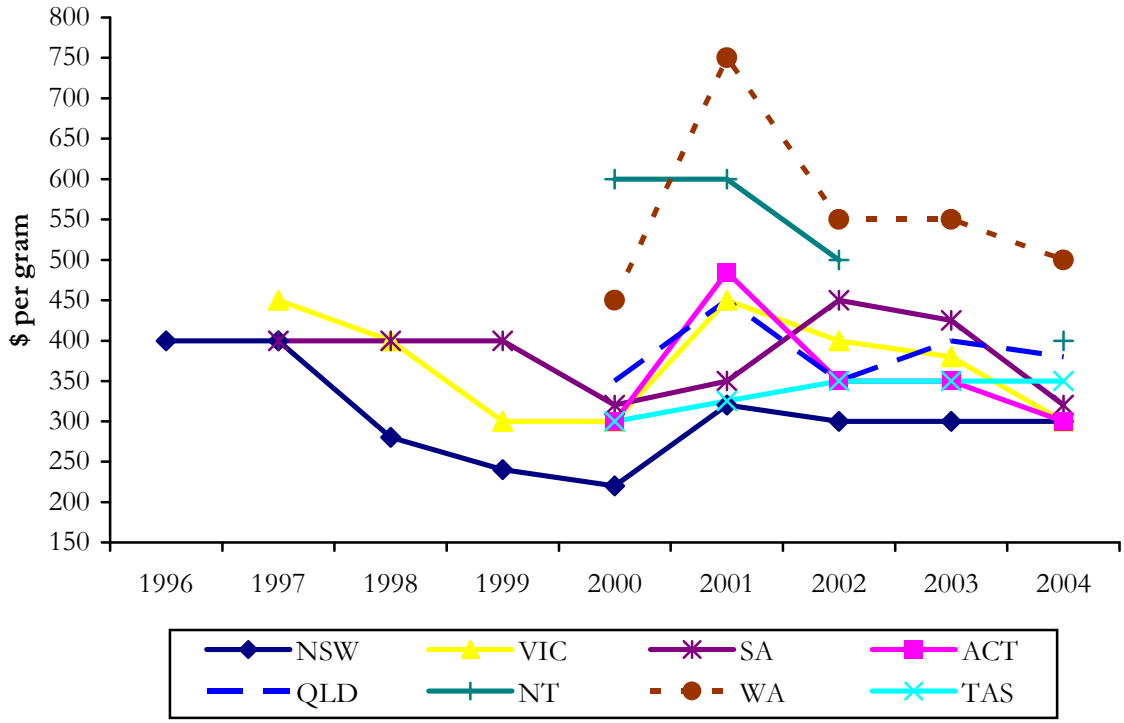
	National N=948	NSW N=157	ACT N=100	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=111	QLD N=129
Median Price ($)*									
per gram	-	300	300	300	350*	320*	500	400*	380
per cap	-	50	50	40	50*	50	50*	53	50
Price changes									
(% who commented)	n=640	n=148	n=91	n=129	n=16	n=62	n= 69	n=27	n=98
Don't know	7	2	4	2	31	8	7	33	11
Increased	10	14	6	9	6	13	12	15	9
Stable	65	78	64	59	19	68	71	44	60
Decreased	11	4	19	21	19	7	6	4	10
Fluctuated	7	3	8	9	25	5	4	4	9
Median purity (%)^	-	30.5	32.2	25.7	^	25.0	25.0	^	28.0
Availability									
(% who commented)	n=640	n=148	n=91	n=129	n=16	n=62	n=69	n=27	n=98
Don't know	2	0	0	1	25	0	3	15	2
Very easy	52	56	53	60	0	55	46	0	61
Easy	34	37	39	31	25	34	32	26	32
Difficult	11	7	8	8	19	11	15	59	5
Very difficult	1	0	1	0	31	0	4	0	0
Availability changes									
(% who commented)	n=640	n=148	n=91	n=129	n=16	n=62	n=69	n=27	n=98
Don't know	5	1	4	3	25	3	6	19	6
More difficult	13	18	20	10	13	13	17	4	6
Stable	62	66	54	72	38	57	57	48	67
Easier	15	10	17	9	13	24	17	26	16
Fluctuates	5	6	6	5	13	3	3	4	4
Place usually score									
(% use & commented	n=634	n=147	n=89	n=128	n=16	n=62	n=69	n=25	n=98
Don't use	4	0	2	2	13	7	9	24	2
Street dealer	17	27	16	20	6	11	7	12	13
Dealer's home	22	12	24	24	13	40	30	8	18
Mobile dealer	32	46	33	38	13	13	16	8	35
Friend#	18	9	12	13	44	13	29	48	27

Source: IDRS IDU interviews

*Small numbers reported TAS , NT (n ≤ 10)

^Purity data is provided by the ACC and reflects analysed seizures by State Police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 1. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2003/04. # includes gift from friend

Figure 1: Median price of a gram of heroin by jurisdiction, 1996-2004



Source: IDRS IDU interviews

4.2 Availability

In late 2000/early 2001 there was an unexpected and dramatic reduction in the availability of heroin all Australian jurisdictions in which heroin had previously been freely available. IDRS data indicate there was an increase in the availability of heroin in most jurisdictions in 2002 and this has been sustained in 2004.

To collect information on the availability of heroin IDU were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. Sixty eight percent commented on the availability and the majority reported that heroin was 'easy' (34%) or 'very easy' (52%) to obtain (Table 14).

Around a two thirds (62%) of the national 2004 sample commented that the availability of heroin was stable in the last six months. This was similar to the national 2003 sample (65%) however an increase from that reported in 2002 (44%) and 2001 (50%). Smaller proportions reported that it was more difficult (13%) to obtain and similar proportions reported it was easier (15%) to obtain (Table 14).

IDU were asked where they usually scored their heroin. Most commonly (32%), IDU reported usually scoring from a mobile dealer, where they would call the dealer and arrange to meet to obtain the drug. This proportion decreased from 40% in 2003, however continues to be the most popular way to score their heroin. Twenty two percent usually scored their heroin from the dealer's home. Street scoring remained stable and less than the levels reported in 2002. Street dealing remained most common in NSW (27%) and lowest in TAS

(6%) and WA (7%). Scoring heroin from a friend (including gifts from a friend) increased from 7% in 2003 to 18% in 2004. Scoring from a friend continued to be most common in NT (48%, however this reduced from 67% in 2003) and lowest in NSW (9%, this increased from 3% in 2003). QLD had the largest increase from 16% in 2003 to 27% in 2004 (Table 14).

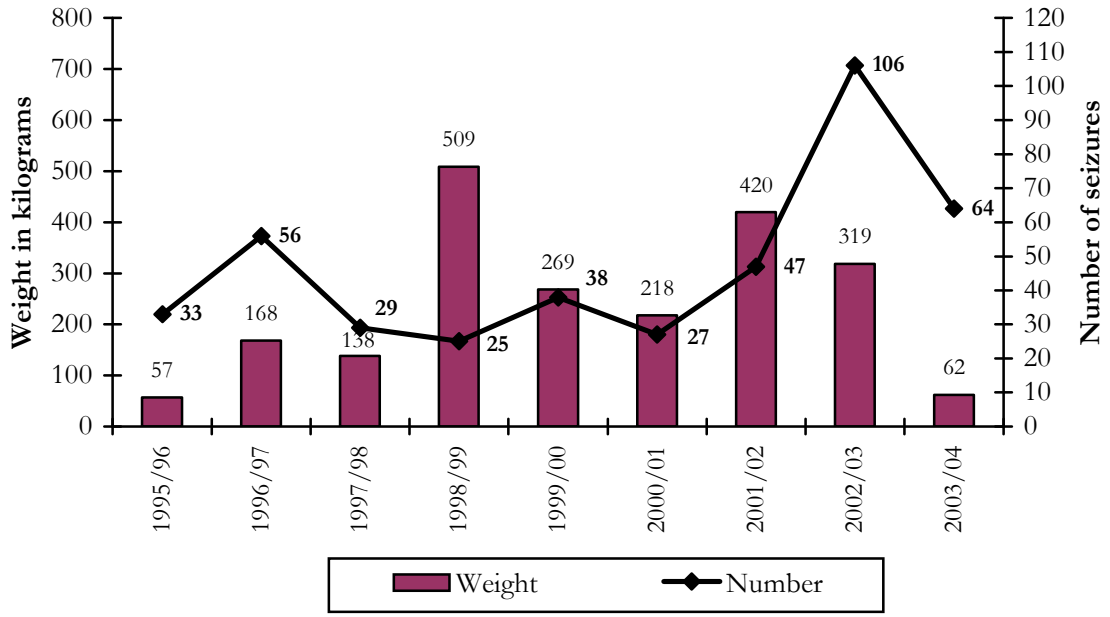
These changes may be due to recent fluctuations in heroin availability, as a result of which IDU are more likely to rely on prearranged or known sources. It may also reflect changes in legislation and policing practices.

4.2.1 Heroin seized at the Australian border

Figure 2 presents the weight and number of heroin seizures by Customs at the Australian border since 1995/96. There were increases in the number of detections in the late 90's, which could be partly attributed to the allocation of resources and increased surveillance due to concerns regarding foot and mouth disease control and the Sydney Olympics in 2000.

In the financial year 2003/04 there were 64 heroin seizures at or near the Australian Customs border, representing a decrease from 106 seizures in 2002/03. The amount seized in 2003/04 (62 kg) was less than the previous financial year. The greater number of detections in 2003 supports intelligence that indicates there has been a shift in importation strategies and methods of concealment in recent years. Namely, there has been a trend in importations towards smaller quantities, usually imported via the mail or by passengers on planes, rather than the larger quantities normally found in sea cargo.

Figure 2: Weight and number of detections of heroin made at the border by the Australian Customs Service, 1995/96 - 2003/04



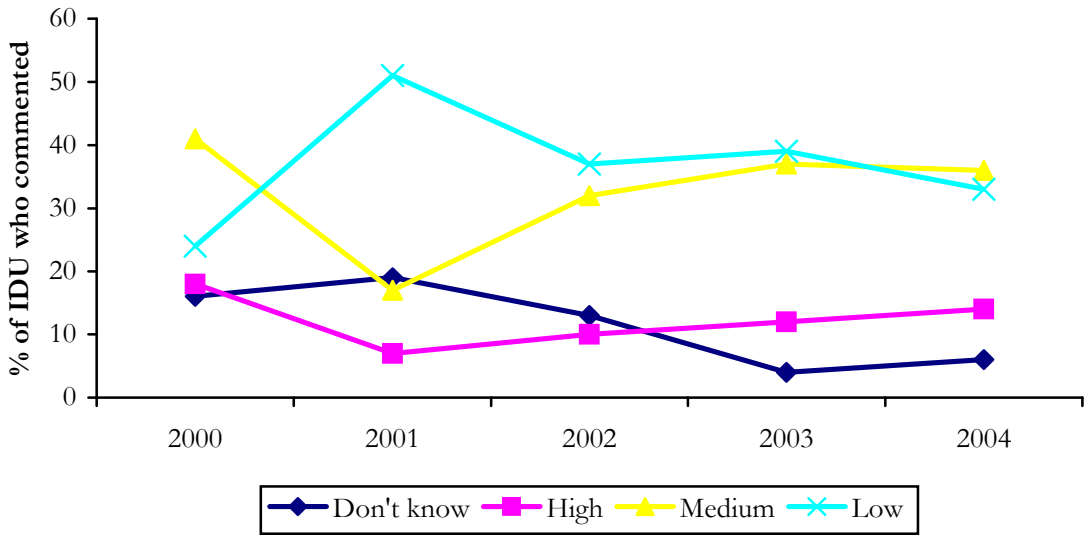
Source: Australian Customs Service

4.3 Purity

IDU were asked what the purity or strength of heroin was currently and if there had been any change in purity in the six months preceding interview. IDU reports of the purity of heroin were variable. Of those able to comment, most reported heroin purity as low (33%) to medium (36%) in 2004. Fourteen percent thought the purity was high and 6% did not know (Figure 3).

There has been a decrease in the proportion reporting low purity since 2001 and a corresponding increase in the proportion reporting the purity as medium. In 2004, purity was more commonly reported as medium rather than low. Those reporting that the purity fluctuates in previous years has been between 7 to 8% since 2001 when 'fluctuates' was first coded as an option, however in 2004 this increased to 12%.

Figure 3: IDU reports of current heroin purity among those able to comment, 2000-2004

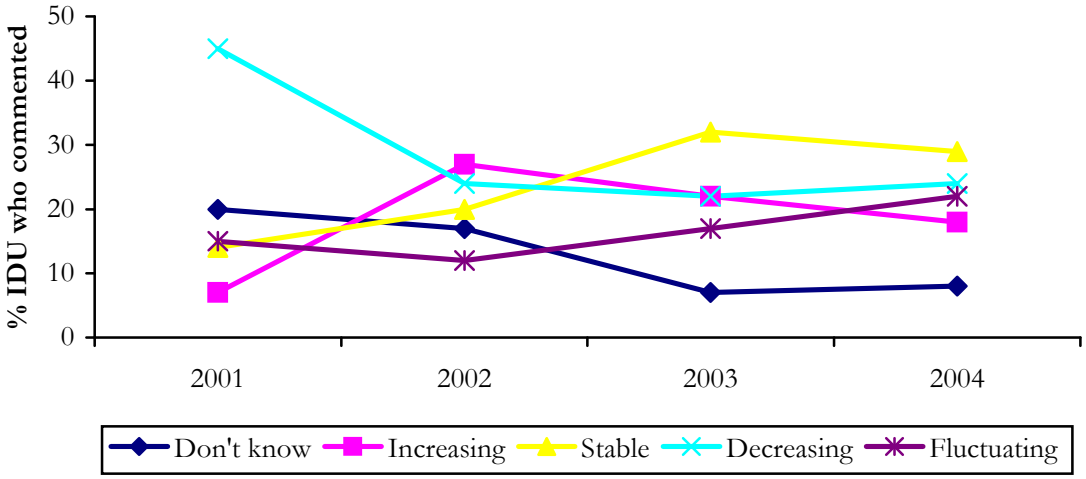


Source: IDRS IDU interviews

The majority of those able to comment in all states reported heroin purity as medium to low. Forty four percent of IDU who commented in NT reported the purity low, followed by NSW (39%). The ACT (42%) had the largest proportion reporting medium purity followed by VIC (40%).

As seen in Figure 4, the proportion of IDU reporting that the purity of heroin as stable in the six months preceding interview has increased since 2001. However, in 2004 there was an increase in the number who reported the purity of heroin as fluctuating. NSW had the largest percentage report the purity of heroin to be decreasing (34%).

Figure 4: IDU reports of changes in heroin purity among those able to comment, 2001[1]-2004



Source: IDRS IDU interviews
[1]In 2000 IDU were not asked if the purity had changed in the six months preceding interview.

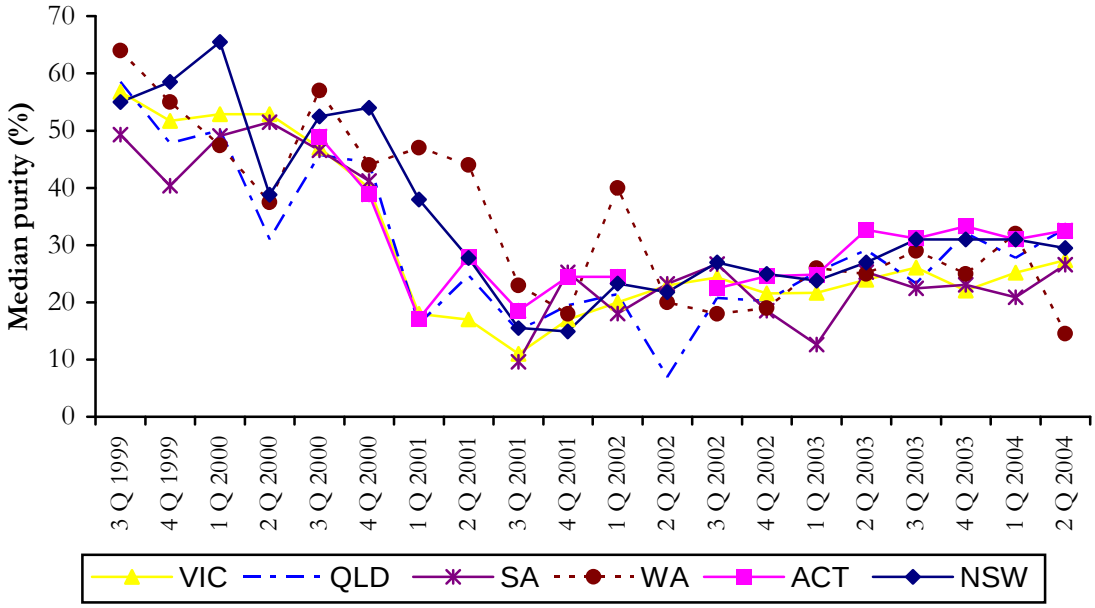
IDU reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider when examining purity measures. Not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures reported therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. The purity figures for 2002/03 and 2003/04 have been provided by the Australian Crime Commission and previous data has been taken from the Australian Illicit Drug Reports (Australian Bureau of Criminal Intelligence 2000; Australian Bureau of Criminal Intelligence 2001; Australian Bureau of Criminal Intelligence 2002; Australian Crime Commission 2003; Australian Crime Commission 2004).

Figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 5 to 8 the following caveat applies: Figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of heroin received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of heroin seized by State Police in the relevant quarter. The period between the date of seizure by State Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police. No heroin seizures were analysed for purity in the NT or TAS in 2003/04.

The median purity of analysed Australian Federal Police (AFP) and State Police heroin seizures in 1999/00 to 2003/04 financial year (displayed quarterly) by jurisdictions is displayed in Figure 5 and Figure 7. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02 or 2003/04 and in the NT in 2002/03. However there were eight seizures analysed in TAS in 2002/03 with a median purity of 70%. The overall total median purity for 2003/04 was highest in the ACT (32.2%) and lowest in SA (25%) and WA (25%).

There has been a steady decline in the median purity of State Police heroin seizures analysed from mid 1999 in all jurisdictions (Figure 5). In 2003/2004 the purity of heroin seizures analysed stabilised, except in WA where purity dropped.

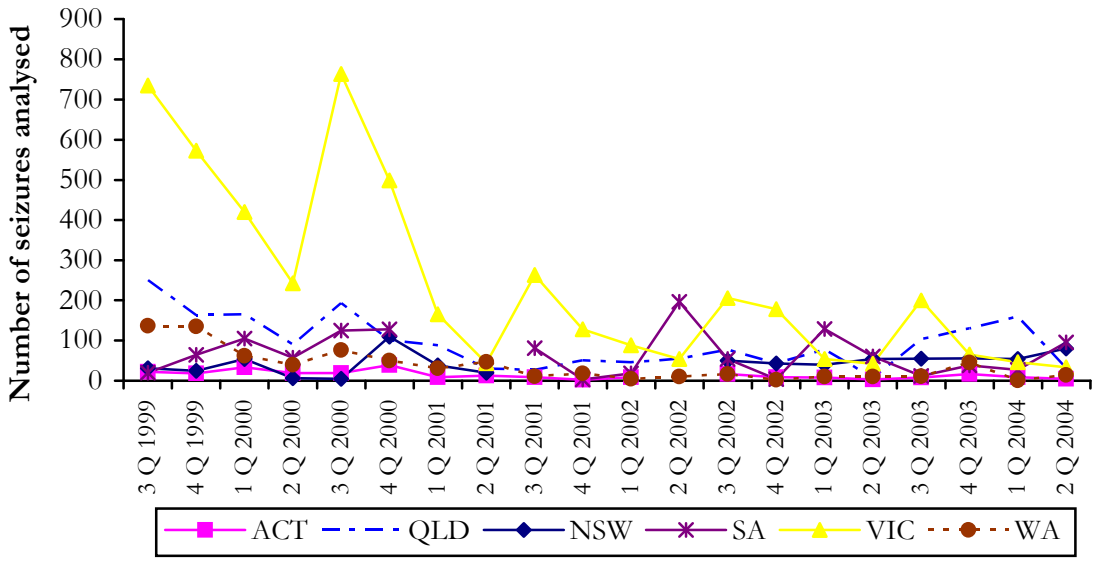
Figure 5: Median purity of heroin seizures[1] analysed by State Police by jurisdiction 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004

The numbers of State Police heroin seizures analysed for purity are presented in Figure 6. As mentioned previously not all seizures are analysed, so this data does not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 5.

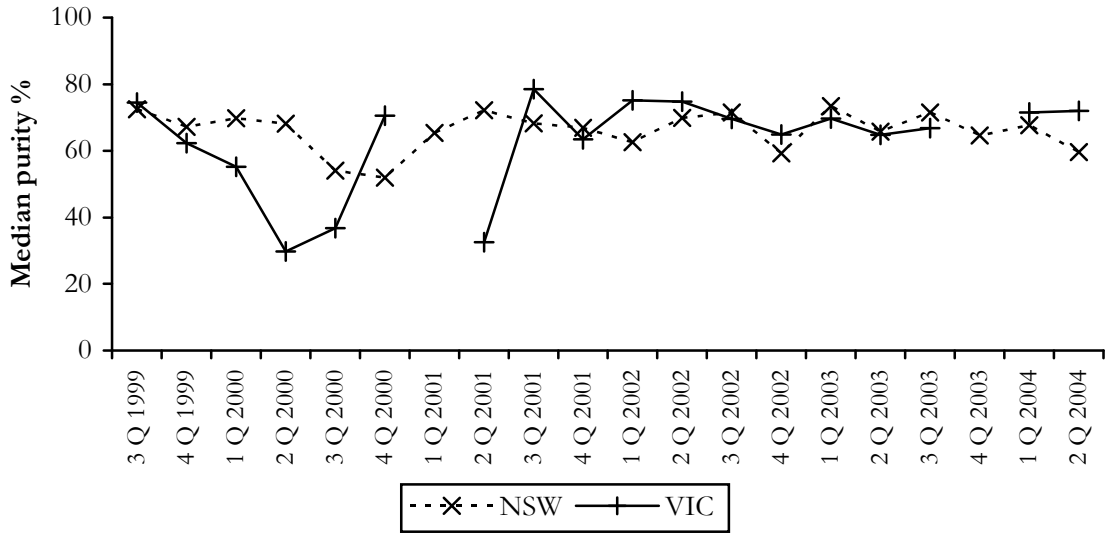
Figure 6: Number of State Police heroin seizures analysed by jurisdiction, 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004

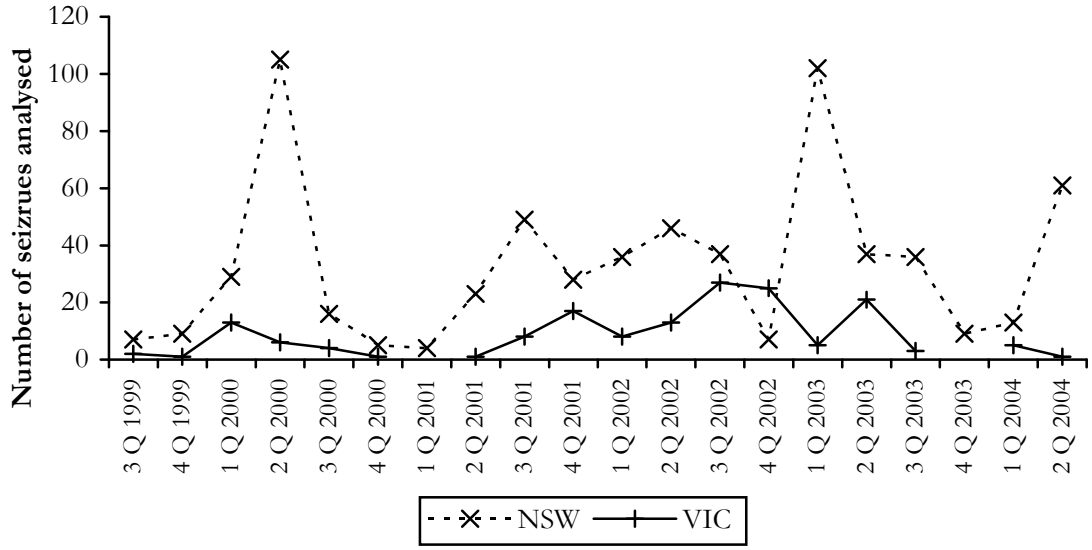
AFP seizures for NSW and VIC are also presented. There were fewer seizures analysed for other jurisdictions, with no seizures analysed for many quarters (for information on other jurisdictions see (Australian Bureau of Criminal Intelligence 2002; Australian Crime Commission 2003). The purity of the AFP seizures analysed has remained more stable over time than State Police seizures. As can be seen in Figure 7, the AFP seizures are generally of higher median purity than those of jurisdictional Police seizures, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of State Police agencies. The number of AFP heroin seizures analysed for NSW and VIC are presented in Figure 8 below.

Figure 7: Median purity of heroin seizures analysed by AFP in NSW and VIC 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004

Figure 8: Number of AFP heroin seizures analysed in NSW and VIC, 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004

4.4 Use

4.4.1 Current patterns of heroin use

In 2004, heroin was the drug of choice for the majority (58%) and the last drug injected by nearly half (44%) of the national sample. NSW had the largest percentage of participants reporting heroin as their drug of choice (78%) and as the last drug injected (80%). Three percent in the NT and zero in TAS reported last injecting heroin (Table 15).

From 2000 to 2001, there was a decrease in the proportion of the national IDU sample that reported heroin use in the preceding six months (78% to 69%). The proportion reporting recent use has remained at similar levels in 2002 (68%), 2003 (65%) and in 2004 (69%, Table 15).

Consistent with previous years, a high proportion of IDU in NSW, VIC and the ACT reported recent heroin use while TAS and the NT reported lower proportions (Table 15).

The proportion of IDU reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably VIC and the ACT (Table 15). The median number of days IDU reported using heroin remained stable or decreased slightly in most jurisdictions in 2002, however increases in frequency of use were reported in NSW and QLD. In 2004 the median days of heroin use decreased in all jurisdictions except VIC and WA where it increased.

Since the reduction in heroin availability in 2001, there has been some increase in the frequency of heroin use but it has not returned to the levels reported in 2000. In 2004 the frequency of heroin use has decreased to the lowest reported since 2000 in NSW and QLD (Table 15).

In 2004, 25% of the national IDU sample was daily heroin users. There remains wide variation across jurisdictions in the proportion of daily heroin users, ranging from over one third of the NSW sample (38%) to one percent of the IDU in NT and none in TAS (one participant in TAS reported daily heroin use in 2003 for the first time since the commencement of the IDRS in all jurisdictions). In 2000 the proportion of daily heroin users was similar across the three major heroin markets (NSW, VIC and the ACT), however in the last four years the proportion of IDU that report daily heroin use in NSW has been higher (Table 15).

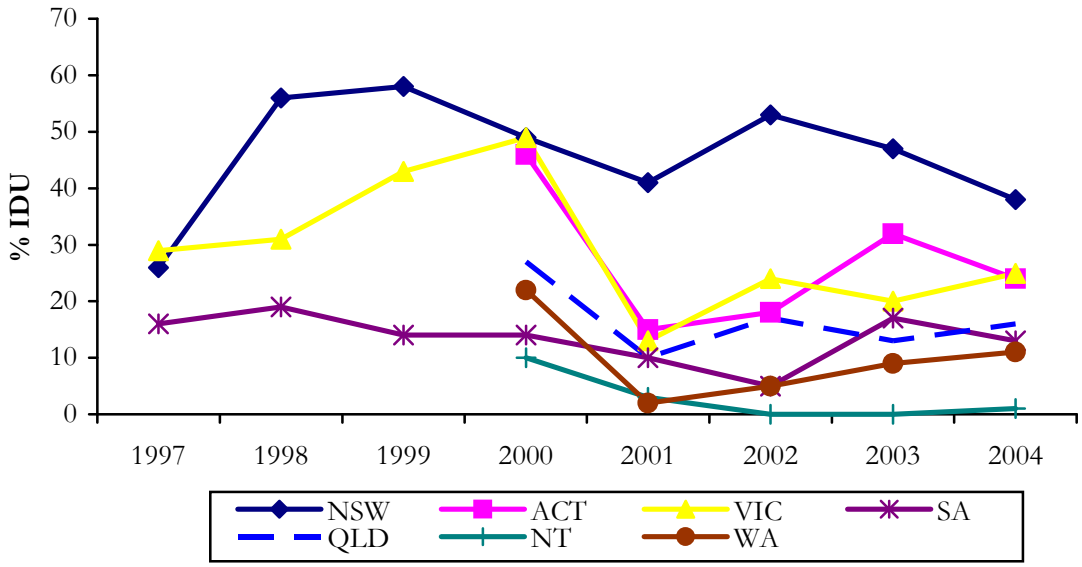
Table 15: Heroin use patterns of IDU by jurisdiction, 2000-2004

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice - heroin (%)									
2000	63	81	78	78	36	56	57	44	62
2001	48	62	61	61	33	43	34	39	42
2002	56	72	69	64	40	30	48	46	63
2003	57	84	73	69	40	48	40	43	47
2004	58	78	68	63	38	48	47	44	61
Last injection - heroin (%)									
2000	58	78	81	92	4	56	54	9	62
2001	35	57	49	62	0	32	20	7	34
2002	42	74	74	63	2	25	25	2	45
2003	41	77	67	65	4	35	28	1	32
2004	44	80	71	63	0	36	36	3	39
Used last 6 months (%)									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
Days used (median)									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
Daily users (%)									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16

Source: IDRS IDU interviews

Figure 9 shows the reduction in the proportion of the national sample reporting daily heroin use in the six months preceding interview in every jurisdiction between 2000 and 2001, except TAS where there were no reports of daily heroin use. The drops were most dramatic in VIC and the ACT, while NSW recorded only a moderate decline. In 2002, the proportion reporting daily heroin use increased in NSW and VIC, and to a lesser extent in QLD. Stabilisation in the proportion reporting daily heroin use in NSW and VIC, increases in the ACT and SA, and a decrease in QLD was seen in 2003. In 2004, the proportion of daily heroin users increased in all jurisdictions except NSW, ACT and SA.

Figure 9: Proportion of IDU samples that reported daily heroin use by jurisdiction, 1997-2004



Source: IDRS IDU interviews

Behavioural indicators of heroin use are consistent with the reports of IDU and KEs, that the heroin market has remained stable in 2004 and has not returned to levels reported in 2000.

4.5 Heroin related harms

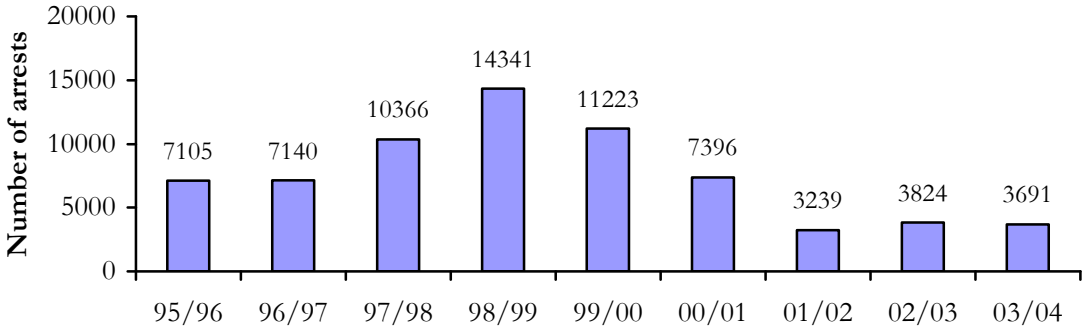
Law Enforcement

Arrests

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (ACC, 2004).

In 2003/04 there was a slight decrease in the number of heroin and other opioids consumer and provider arrests Australia-wide from 3824 in 2002/03 to 3691. As can be seen from Figure 10, there was a peak in the number of consumer and provider arrests in 1998/99, with a steady decline since that time.

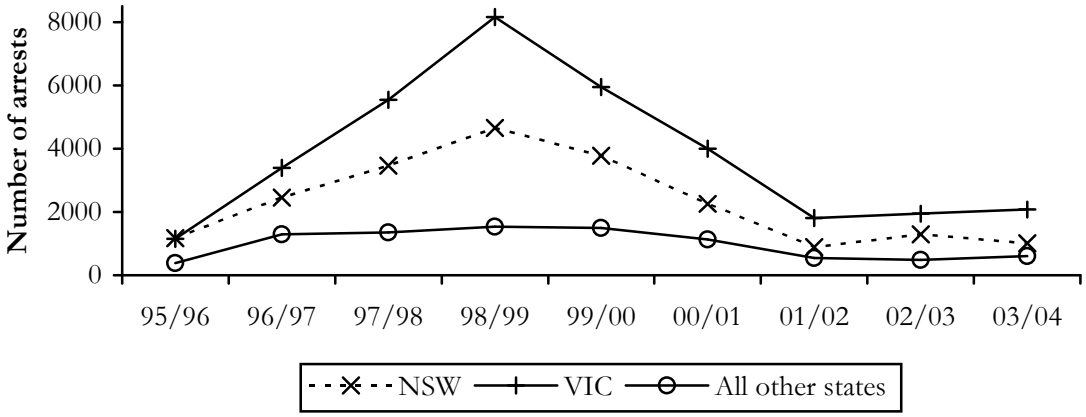
Figure 10: Total number of heroin and other opioids consumer and provider arrests, 1995/96 – 2003/04



Source: ABCI, 95-01; ACC 01-04
Note: The arrest data for each State and Territory include Australian Federal Police data.

As can be seen from Figure 11, there was a peak in the number of heroin and other opioids consumer and provider arrests in 1998/99. Since 2001/02 arrests have remained relatively stable and continued to remain stable in 2003/04. VIC has consistently had the highest number of consumer and provider arrests from 1995-2004.

Figure 11: Total number of heroin and other opioids consumer and provider arrests by NSW, VIC and all other states, 1995/96 – 2003/04



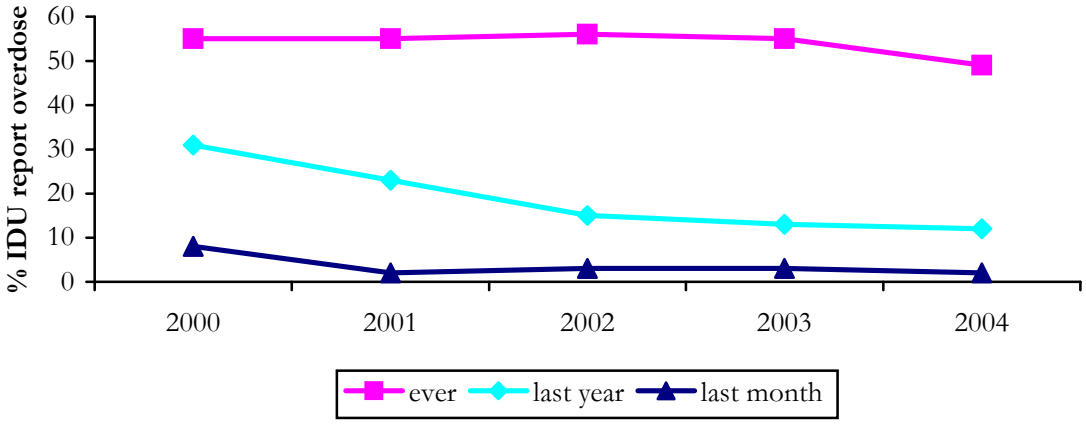
Source: ABCI, 95-01; ACC 2001-04
Note: The arrest data for each State and Territory include Australian Federal Police data.

Health

Overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Among those that reported recent heroin use, just under half (49%) reported a heroin overdose in their lifetime, 12% reported overdosing in the last year and 2% had overdosed within the last month (Figure 12).

Figure 12: Proportion of recent heroin users that report heroin overdose, 2000-2004



Source: IDRS IDU interviews

There was jurisdictional variation in the proportion reporting overdose in the last year, with the highest proportions of recent heroin users reporting heroin overdose in the ACT (27%), which has increased since 2003 (18%). There has been a decrease in the proportion of IDU reporting recent overdose since 2000 in all states (Table 16).

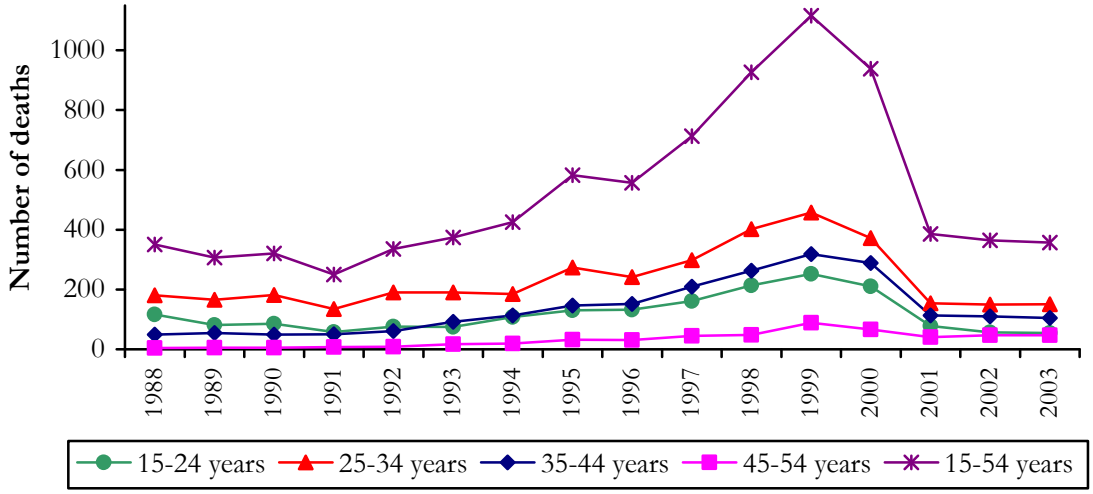
Table 16: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction 2000-2004

	National	NSW	ACT	VIC	TAS*	SA	WA	NT	QLD
2000	**31**	20	36	43	21	22	37	29	29
2001	**23**	22	17	30	20	25	24	14	24
2002	**15**	17	12	19	10	8	16	0	12
2003	**13**	14	18	14	8	9	21	6	7
2004	**12**	16	27	18	6	2	13	4	9

Source: IDRS IDU survey *In TAS participants were asked about opiate overdoses

According to the 2003 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (Degenhardt, Roxburgh et al. 2004), there has been a stabilisation in the number of opioid-related deaths (Figure 13). In 2003 there were 357 deaths in which opioids were determined to be the underlying cause of death (i.e. the primary factor responsible for the person's death) among those aged 15-54 years (Degenhardt, Roxburgh et al. 2004). This is a significant reduction from the 938 reported in 2000 and the 1116 of 1999. The reason for this dramatic decrease and subsequent stabilisation is likely to be attributable to the reduction in heroin supply experienced across Australia in 2001. It should be noted that the deaths reported are opioid related and not necessarily heroin overdose deaths. In states such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids.

Figure 13: Number of accidental deaths due to opioids among those aged 15-54 years, Australia 1988-2003.



Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2004)

As in 2002, just less than half of the deaths occurred in NSW, and over three quarters (76%) of all opioid-related deaths occurred in NSW and VIC (Table 17).

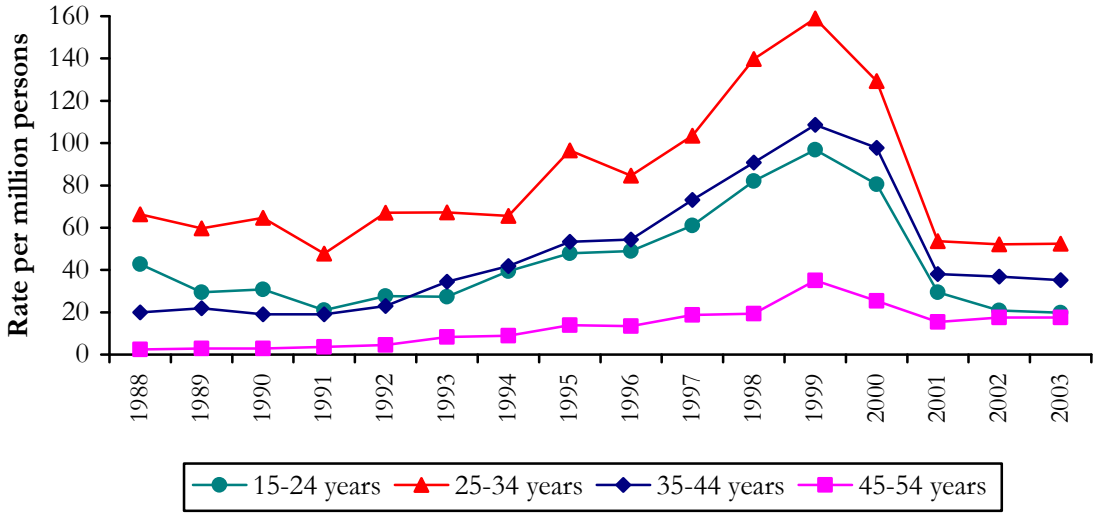
Table 17: Number of opioid deaths among those aged 15-54 by jurisdiction, 1998-2003

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	204	99	16	12	18	0	0	2	**351**
1989	158	99	19	8	18	1	2	2	**307**
1990	196	79	8	19	14	5	0	0	**321**
1991	146	64	9	13	13	3	0	2	**250**
1992	182	79	18	30	22	0	1	4	**336**
1993	188	86	23	41	24	5	2	5	**374**
1994	209	97	37	32	38	4	5	3	**425**
1995	273	140	42	38	70	6	0	13	**582**
1996	260	145	32	32	64	5	2	17	**557**
1997	333	203	36	52	76	2	2	9	**713**
1998	452	243	64	53	78	10	13	14	**927**
1999	481	376	79	64	92	5	8	11	**1116**
2000	349	323	124	50	72	8	2	10	**938**
2001	177	73	58	18	35	8	5	12	**386**
2002	158	93	40	21	28	9	6	8	**364***
2003	**143**	**129**	**32**	**14**	**16**	**4**	**2**	**17**	**357**

Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2004)
* one death in 2002 had a missing state

The rate of accidental deaths attributable to opioids was also stable from 2001 at 31.5 million persons aged 15 to 54 years. The largest proportions of deaths continue to be among the 25-34 year age group, followed by the 35-44 year age group (Figure 14, (Degenhardt, Roxburgh et al. 2004).

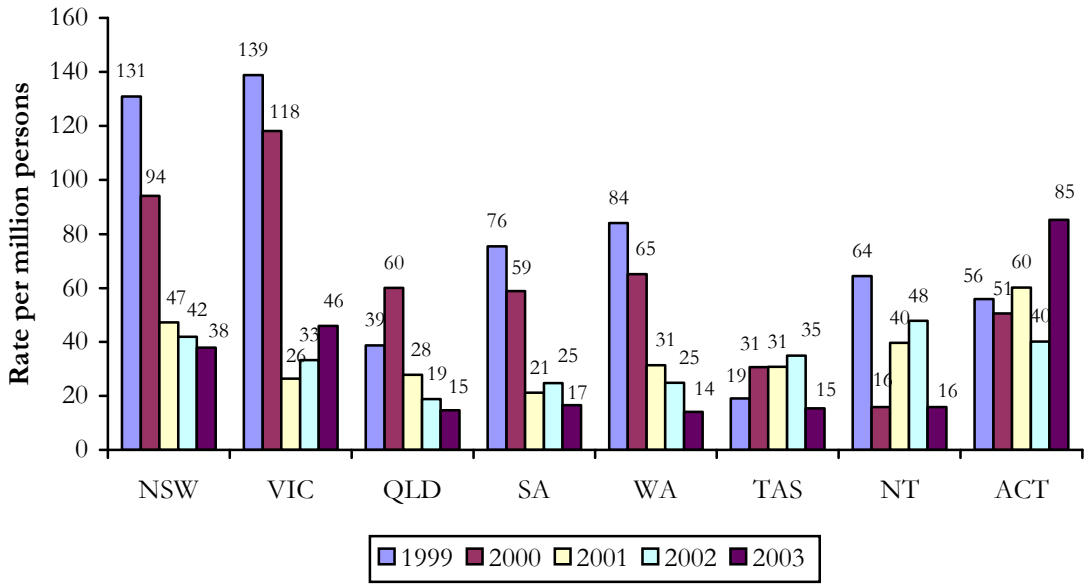
Figure 14: Rate of accidental deaths due to opioids per million persons aged 15-54 years, Australia 1988-2003



Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2004)

In 2003, overdose rates decreased in most states with the exception of the ACT and VIC (Figure 15). In 2003, the ACT had the highest overdose rate in Australia, with a rate of 85.3 per million persons (n = 17 overdoses). The lowest rate was reported in WA (14.1 per million persons, n=16, (Degenhardt, Roxburgh et al. 2004).

Figure 15: Rates of opioid overdose per million persons aged 15-54 by jurisdiction, 2000-2003



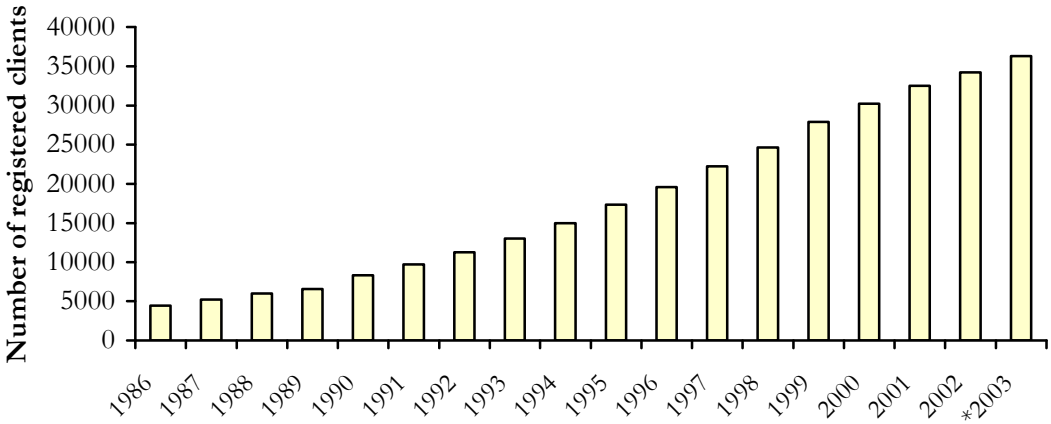
Source: Australian Bureau of Statistics, (Degenhardt, Roxburgh et al. 2004)

Earlier research has shown that the 'typical' fatal heroin overdose case is an opiate-dependent male in his early 30s, not in drug treatment, who has consumed other drugs in combination with heroin, primarily alcohol and/or benzodiazepines (Darke, Ross et al. 2000). Once again, the 2003 accidental opioid deaths accord well with these observations (Degenhardt, Roxburgh et al. 2004): deaths in the 15 to 54 year age group made up 95% of all opioid overdose deaths in Australia; males formed 74% of this group.

4.6 Treatment for opioid dependence

The two major pharmacotherapies for the treatment of opioid dependence available in Australia are methadone and buprenorphine maintenance treatments. Unfortunately 2003/04 data were not available at the time of publishing this report, so 2003 data remain the most recent figures for this form of treatment for heroin dependence. As can been seen in Figure 16 there has been an increase in the total number of clients registered in pharmacotherapy treatment from 1986. A higher proportion of clients are in private pharmacotherapy treatment.

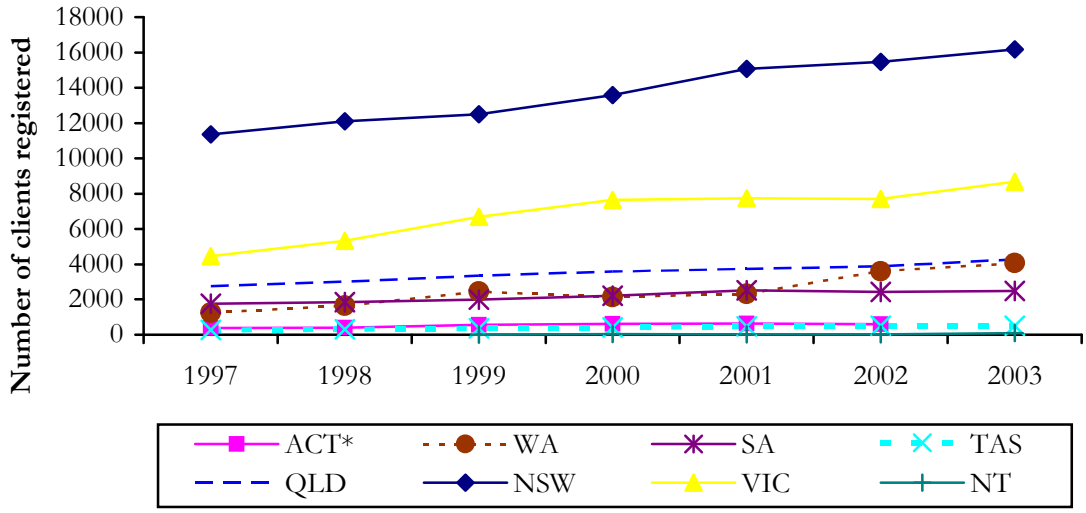
Figure 16: National pharmacotherapy client numbers by financial year 1986/87-2002/03



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine. Data for the ACT not included in 2002 figures.

There were slight increases in all states over time (Figure 17), which may be an indication of increasing demand for pharmacotherapy treatment and/or greater funding for treatment places. The highest number of clients registered was in NSW followed by VIC, reflecting population size.

Figure 17: Pharmacotherapy client numbers by financial year 1986/87-2002/03, by jurisdiction



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine. * Data for the ACT not included in 2002 figures.

Methadone maintenance treatment is an established form of treatment in all jurisdictions in Australia. In October 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opiate maintenance and detoxification. In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opiate dependence and is available in all jurisdictions, for this purpose.

The IDRS accesses IDU that are not all engaged in treatment, because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non treatment counterparts. However, as in previous years, substantial proportions of IDU in all jurisdictions reported involvement in pharmacotherapy treatment for opiate dependence. In 2004, 30% reported current enrolment in methadone and 12% in buprenorphine treatment. There were jurisdictional differences in those reporting current involvement in methadone treatment, ranging from 9% in the NT to 54% in TAS and 50% in NSW (Table 18).

Table 18: Proportion of IDU that report current involvement in pharmacotherapy treatment, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Methadone	30	50	31	14	54	30	28	9	23
Buprenorphine	12	10	12	23	4	17	13	7	11

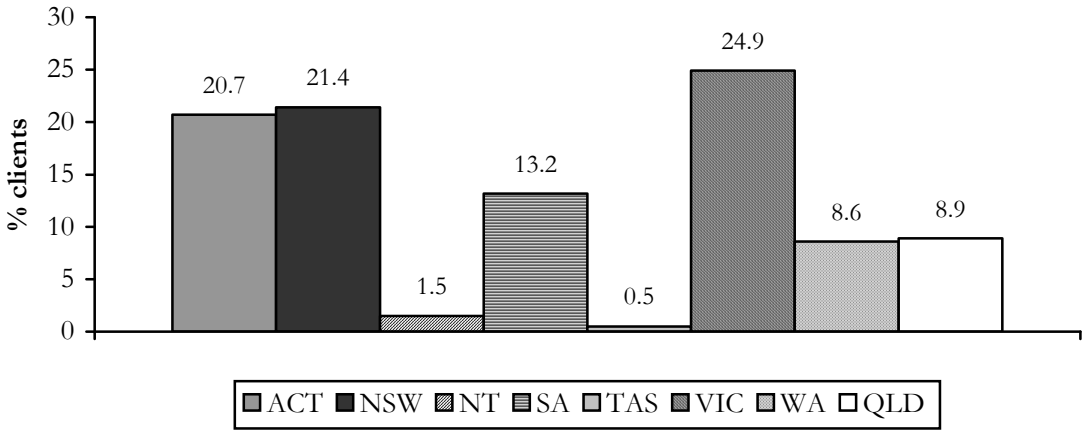
Source: IDRS IDU interviews

Smaller proportions of IDU in all jurisdictions, except VIC, reported involvement in buprenorphine treatment compared to methadone treatment (Table 18), possibly because buprenorphine has only recently been registered as a treatment for opioid dependence in Australia and methadone has been available for a few decades. There is variation in the uptake of buprenorphine as a treatment option by jurisdiction, which may in part relate to the numbers of doctors that have been trained to prescribe buprenorphine. The majority of patients that were registered on buprenorphine treatment as at June 30 2002, and, therefore, the largest distribution of buprenorphine, was in VIC (Breen, Degenhardt et al. 2003). Data for 2003 and 2004 with the breakdown of numbers in methadone and buprenorphine were not available at the time of report finalisation.

The diversion of methadone and buprenorphine are issues to be considered (see Section 8.1 and 8.2), however it should be noted that the majority of IDU that reported recent use of methadone and buprenorphine reported that they had used *licit* methadone and buprenorphine most in the preceding six months (i.e. they had used methadone or buprenorphine that was prescribed to them).

Treatment statistics are also collected by the Alcohol and Other Drug Treatment Services – National Minimum Data Set (AODTS-NMDS). The AODTS-NMDS aims to provide measures of service utilisation for clients of alcohol and other drug treatment services. It provides ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide the treatment.

Figure 18: Proportion of closed treatment episodes for clients who identified heroin as their principle drug of concern (excluding pharmacotherapy) by jurisdiction, 2002-03*



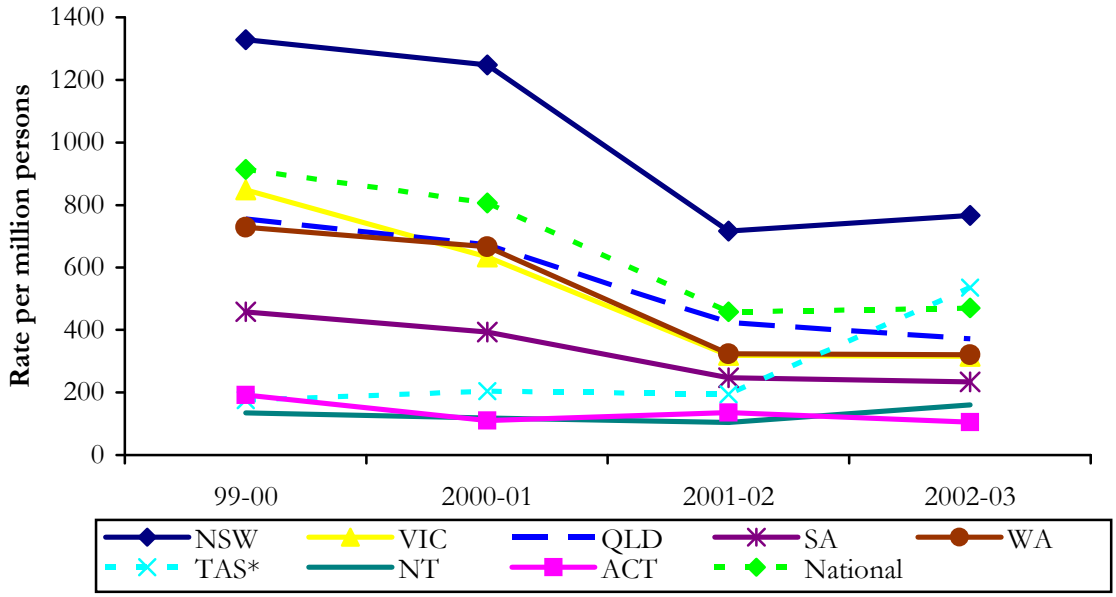
Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.
Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

Figure 18 indicates that NSW, the ACT and VIC had the highest proportions of closed treatment episodes for clients who identified heroin as their principle drug of concern (excluding pharmacotherapy) in 2002-03. This is consistent with IDU data that shows higher proportions of users reporting recent heroin use, greater frequency of heroin use and heroin as their drug of choice in these states (Table 18).

Hospital admissions

Data from the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare (AIHW) shows a decrease in national inpatient hospital admissions for opioids in 2001-02, consistent with the other decreases in heroin related harms documented such as non-fatal and fatal overdoes (Degenhardt, Conroy et al. 2005) following the heroin shortage of 2001 (Figure 19). NSW has consistently had the highest rate of hospital admissions of all jurisdictions, which dropped to a low of 717 in 2001-02, and remained at the lower level in 2002-03. In 2002-03 the national inpatient hospital admissions rate was 471 per million persons aged 15-54 years, down from 914 per million in 1999-00. NSW (766 hospital admissions per million persons) continued to have the highest rate of inpatient hospital admissions for opioids, followed by TAS (536 hospital admissions per million persons) in 2002-03. The possibly reason for an increase in hospital admissions in TAS may be due to the inclusion of an additional drug withdrawal unit. Overall, these data are consistent with IDU survey data, with proportions in NSW reporting the highest recent opioid use.

Figure 19: Rate of inpatient hospital admissions where opioids were the primary diagnosis per million persons aged 15 -54 years by jurisdiction, 1999/00 to 2000/03



Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

4.7 Jurisdictional trends for heroin

4.7.1 NSW

The median price remained $300 a gram and $50 a cap. The price for a gram remains substantially higher than prices reported in 2000 ($220). Caps remained the most popular purchase amount.

As in 2003, the vast majority of IDU reported that it was 'easy' to 'very easy' to obtain heroin. The majority of IDU (66%) that commented thought that heroin availability had remained stable (54% thought so in 2002 and 70% in 2003), while 18% thought it had become 'more difficult' (20% in 2002 and 2003).

The median purity of NSW Police heroin seizures analysed remained relatively stable over the past eighteen months, although purity remained much lower (approximately 30%) than levels reported in early 2001. The purity of AFP heroin seizures analysed also remained stable and higher than the levels reported in early 2001 at approximately 67%.

Patterns of heroin use among IDU in NSW have remained relatively stable since 2002. Smaller proportions reported heroin as their drug of choice (78% compared to 84% in 2003), and the drug injected most often in the month preceding interview remained stable (80%). Key expert comments on the availability and use of heroin were consistent with those of IDU, with the majority reporting that heroin was easy to very easy to obtain and that both availability and use were stable.

4.7.2 The ACT

The price of heroin per cap remained stable in 2004 in the ACT at $50 a cap. Heroin has returned to the same price per gram to that of 2000 at $300 per gram. As in 2003, heroin was reported to be 'easy' to 'very easy' to obtain and the availability remained stable according to both IDU and KEs reports.

When asked about the purity of heroin, the majority of IDU believed it to be medium to low, and that the purity was stable to increasing. According to the ACC, the median purity of heroin in 2003-2004 (32.2%) has increased since 2002-2003 (23.9%).

The majority (91%) of participants reported recent heroin use. The frequency of heroin use decreased in 2004 as well as the proportion of users that reported daily use, from 32% in 2003 to 24% in 2004. Although the proportion of daily users changed in the ACT it has yet to approach the level reported prior to the heroin shortage in 2000 (47%).

4.7.3 VIC

The proportion reporting recent heroin use was slightly down from last year (86% compared to 90% in 2003), however both the frequency of heroin use, and the number of daily heroin users increased in 2004.

In 2004 the reported price of gram and 'cap' amounts of heroin decreased to $300 and $40 respectively.

Heroin was reported as very easy (60%) to easy (31%) to obtain at present, and availability had been stable (72%) over the past six months.

Purity of heroin was reported as medium (40%) to low (26%), and most believed it had been stable (25%) or increased (24%) recently. As in 2003, a higher proportion of the VIC IDU sample reported that they had most commonly used heroin rock (87%), compared to powder (13%) in the previous six months. The average purity of heroin seizures made by Victoria Police during 2003/2004 was higher than that observed in the previous two years, however purity still remains lower than that reported during the height of the heroin supply in Melbourne. Key experts reported that at present heroin purity remains medium with most KEs reporting that purity had either increased or remained stable in the past 6 months.

Key experts reported on a number of heroin-related issues. Most reports suggested that overdose rates have remained stable, with one key expert suggesting that fatal overdose rates are again on the rise. Key experts identified several trends in association with heroin use. Firstly, there were seen to be increasing health problems in older high frequency users than previously seen. Secondly, though poly-drug use has remained stable, there has been a decrease in the intravenous use of benzodiazepines. Thirdly, there is seen to be a subtle shift back from the use of buprenorphine to methadone and finally, it has been noted that there has been an increase in morphine shopping and the use of morphine.

4.7.4 TAS

While the availability of heroin in the state appeared to have been slowly increasing during 1999 and 2000, data from local IDRS studies since this time have suggested that the drug has become steadily more difficult to access locally. Recent use of heroin was seen in just 19% of the IDRS IDU sample, despite the fact that 38% regarded it as their drug of choice. Use of

heroin among clients of the state's Needle Availability Program remained below 2% of all non-pharmacy client transactions in 2003/04.

The small number of participants that could report prices for heroin indicated that the drug was purchased for $50 per 'packet' (approximately 0.1g) and $350 per gram, similar prices to those reported in previous IDRS studies, although while consumers reported these prices as fluctuating in the preceding six months, so few respondents had recently purchased heroin that is was difficult to ascertain any trends in the purchase price of the drug locally. Both 'rock' and powder heroin were used, with 'rock' form that most commonly accessed. There were mixed opinions regarding the purity of heroin, with many IDU wary of purity of the drug purchased locally.

As further evidence of a low availability of the drug locally, the majority of individuals that had recently used the drug reported it as 'difficult' or 'very difficult' to access and Tasmania police have not made any seizures of heroin in the past two financial years.

The majority of indicators, and findings such as the low median rate of use of heroin (4 days in the last six months amongst the 19% of the sample that had used the drug), and, that of the 38% of the IDU sample that reported heroin as their drug of choice, only around one third (34%) had recently used heroin, indicate that the traditional low availability of heroin in Tasmania has continued, and possibly further declined, in 2004.

4.7.5 SA

Overall, there was a decrease in the price of heroin from 2003 to 2004, continuing the downward trend since the peak in 2002, with the price now the same as the pre-shortage level of 2000 ($320 per gram). Heroin was still considered 'easy' or 'very easy' to obtain by most IDU and availability was reported as stable to easier in the preceding six months.

There was an increase in the proportion of IDU obtaining heroin from a dealer's home or from a street dealer, and a concomitant decrease in the proportion being supplied by mobile dealers. According to the majority of IDU, heroin purity remained at low to medium levels in 2004, with increased proportions also reporting fluctuating or decreasing purity.

A small increase in the proportion of IDU that had recently used heroin was noted, continuing the increase since 2002. There was however, a decrease in the median number of days used.

Analysis of IDU that nominated heroin as their drug of choice indicated users continue to supplement or substitute their heroin use with other opioid substances such as morphine and methadone.

4.7.6 WA

Despite perceptions of some users that the price of heroin in WA had fallen, there was no evidence from prices of actual purchases to support this. The median price for a gram remained found to be $500, which was unchanged from 2003.

The drug was reported to be 'very easy' and 'easy' to obtain, a situation which also had remained unchanged from the previous year. Despite this, use of the drug remains lower than was seen in 2000. A significant increase was observed however in the numbers of IDU reporting heroin as the most commonly injected drug in the month preceding the interview.

Purity was reported as being low to medium by users, a perception supported both by median purity levels of 25% found in heroin seizures analysed by WA Police and by the continuing low rates of opiate overdose.

Use of heroin amongst IDU remained relatively unchanged with recent use reported by 69% of the sample and use on a daily basis by sixteen percent of those who had recently used heroin. The trend from recent years towards the use of substitute drugs such as homebake heroin and buprenorphine in situations where heroin was not readily available was observed to be continuing. Use of homebake heroin in particular remained common amongst Perth IDU, with a significant increase in IDU numbers reporting its recent use.

4.7.7 The NT

The number of IDU able to report on price, purity and availability of heroin in the NT was larger this year than in 2003 and the results may accordingly be viewed as more reliable.

The median price of a gram of heroin in the NT was $400 (from 7 purchasers) and the median price of a cap was $53 (from 12 purchasers). The price of heroin in the NT was reported to be stable or increasing and the bulk of recent users reported the purity as low.

Availability was restricted and sporadic - 59% found heroin 'difficult' to obtain, 26% found it 'easy' and no users reported it as 'very easy' to obtain. However, law enforcement key experts noted an increased presence on the street consistent with the increased use among the IDU sample and with the increased proportion of IDU rating heroin availability as getting 'easier'.

The proportion of the IDU sample who had used heroin in the six months prior to interview has increased (34%) compared to 2003 and is similar to the proportion found in 2001. Heroin continues to be popular as a drug of choice.

4.7.8 QLD

The price of heroin is relatively stable in QLD although higher than prior to the shortage. It appears that larger quantities of heroin may be more indicative of price fluctuations than smaller quantities, with the price of a 'cap' stable at $50.

Availability also remained stable with more reporting the availability as 'very easy' (61%) or easy' (32%) in 2004 compared to 2003 (42% and 43% respectively).

Thirty percent of the IDU participants perceived the purity of heroin to be 'low' (30%) to 'medium'. According to ACC seizure data purity increased from 22.5% in 2002/03 to 28% in 2003/04.

The prevalence of use of heroin among IDU increased since 2003; however the frequency of use decreased from 49 days in 2003 to 26 days in 2004. There was little change in patterns of use with continued high levels of polydrug use, with most users purchasing and injecting rock heroin.

Pharmacotherapy is still the treatment of choice among heroin-dependent IDU, with an increase in the proportion of the IDU sample receiving buprenorphine. Methadone treatment remained stable in 2004.

4.8 Summary of heroin trends

- The price of heroin decreased in 2004 (except in NSW and TAS where it remained stable) returning to those prices reported before the heroin shortage (except in NSW, TAS, WA and QLD where it remained higher). Heroin remained cheapest in NSW, VIC and ACT and most expensive in WA.
- The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2004 reported that the availability had remained stable in the six months preceding interview.
- IDU reported the purity of heroin as low to medium. In 2003/2004 the purity of heroin seizures analysed stabilised, except in WA where purity dropped.
- Heroin use has stabilised in most states, however the frequency of use increased in VIC and WA and decreased in NSW, ACT, SA and QLD. The median days of heroin use has not returned to the levels reported prior to the shortage in supply of heroin in 2001.
- Overall in 2004, it appears there has been a continued trend towards the stabilisation of the heroin market, however price has returned to similar levels reported prior to the heroin shortage except in NSW, TAS, WA and QLD.

5. METHAMPHETAMINE

Prior to 2001, IDRS reports used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. 'Amphetamine' is used to denote the sulfate of amphetamine which, throughout the 1980s, was the form of illicit amphetamine most available in Australia (Chesher 1993). As a result of the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals (Wardlaw 1993), illicit manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulfate) steadily increased, until methamphetamine dominated the market such that in the financial year 2000/01, when the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence 2002).

In Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions, are also methamphetamine. Therefore, the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed 'amphetamines'.

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (shabu, ice, crystal meth, base and paste). From 2002 a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth), is a crystal or coarse powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice is thought to be manufactured in Asia and imported (Topp and Churchill 2002).

It became apparent that these methamphetamine forms were marketed differently and sold at differing price scales, and accordingly the IDRS commenced collecting data to provide information on the different forms. As there is still some uncertainty among both users and researchers as to the characteristics of the different forms of methamphetamines that are marketed as 'speed', 'base', and 'crystal' (ice), the 2002 and 2003 IDRS interviews incorporated the use of flashcards with colour photographs (Topp and Churchill 2002). The results are discussed in the National IDRS 2002 and 2003 reports.

Detailed research is currently being conducted on methamphetamine markets in an attempt to gain a better understanding of the market (McKetin and McLaren 2004).

Table 19 displays the price, purity and availability of methamphetamine powder ('speed') in 2004 by jurisdiction. Table 20 displays the price and availability of methamphetamine base

in 2004 and Table 21 displays the price and availability of crystalline methamphetamine ('ice') in 2004 by jurisdiction. Data from 2003 is presented in Appendix B, Table B1, B2 and B3.

5.1 Price

The median price of the last purchase of speed, base and ice are presented in Tables 19, 20 and 21.

5.1.1 Powder (speed)

IDU typically bought speed as points or half grams. A smaller number purchased grams. A 'point' (0.1 gram) of speed was cheapest in SA ($27.50), $40 in VIC and $50 in all other states. The price of a gram ranged from$50 in SA to $290 in TAS and half grams of speed varied (range $50 in NSW to $160 in TAS). Just over two thirds of those that commented reported that the price of speed remained stable over the last six months (Table 19).

Previously grams of speed were commonly purchased. The smaller quantities may reflect local manufacturers trying to compete with imported methamphetamine by selling in the same quantities as the more potent forms of methamphetamine (base and ice).

Table 19: Price, purity and availability of methamphetamine powder by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) per gram	-	n=3	n=9	n=24	n=10	n=11	n=18	n=20	n=25
		100	200	180	290	50	260	200	200
Price ($) per point	-	n=13	n=27	n=38	n=34	n=10	n=32	n=39	n=26
		50	50	40	50	27.50	50	50	50
Price ($) per ½ gram	-	n=10	n=6	n=27	n=16	n=7	n=29	n=9	n=37
		50	125	100	160	100	150	150	100
Price changes									
(% who commented)	n=459	n=57	n=39	n=79	n=59	n=38	n=55	n=62	n=70
Don't know	10	7	5	9	12	21	7	16	7
Increased	10	12	10	13	5	0	20	8	7
Stable	69	75	80	61	71	63	60	71	71
Decreased	5	4	3	11	5	11	6	0	1
Fluctuated	6	2	3	6	7	5	7	5	13
Median purity*	-	11.0	n/a	23.5	16.9	19.8	32	n/a	16.9
Availability									
(% who commented)	n=458	n=57	n=39	n=79	n=59	n=38	n=55	n=61	n=70
Don't know	4	0	0	0	7	8	4	7	3
Very easy	38	40	31	34	46	50	46	26	36
Easy	43	39	44	51	42	29	38	46	50
Difficult	14	18	23	13	5	13	13	18	10
Very difficult	2	2	3	2	0	0	0	3	1
Availability changes									
(% who commented)	n=459	n=57	n=38	n=79	n=59	n=38	n=55	n=62	n=71
Don't know	7	9	3	1	7	16	4	11	7
More difficult	14	7	26	20	7	13	13	11	17
Stable	61	68	55	65	61	58	62	61	56
Easier	11	14	8	6	20	5	16	8	9
Fluctuates	7	2	8	8	5	8	6	8	11
Place usually score	n=456	n=56	n=38	n=79	n=59	n=37	n=54	n=62	n=71
Don't use	9	29	11	1	7	14	11	8	3
Street dealer	14	21	24	11	7	11	9	11	18
Dealer's home	20	13	37	18	34	19	15	19	16
Mobile dealer	17	9	5	25	15	14	19	13	27
Friend*	34	25	21	39	34	35	41	42	30

Source: IDRS IDU interviews *includes gift from friend

Source of purity data: ABCI, 2001, 2002. ACC 2003, 2004. Purity data reflects analysed seizures by State Police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 3. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2003/04. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

5.1.2 Base

In 2004, participants in all jurisdictions reported buying a 'point' (0.1 gram) of base in the six months preceding interview, with only small numbers reporting purchase in VIC (n=2) and the ACT (n=9). As in previous years, a point was the most popular purchase amount. The price for a point of base was cheapest in SA ($25); followed by VIC ($35), and $50 in the other jurisdictions (Table 20).

This year was the third year the distinction was made between base and ice, and comparisons with previous years will vary. However like 2004, $50 was the median price of a point of base in most jurisdictions in 2002 and 2003. SA has the cheapest price per point ($25 in 2002 and $30 in 2003). In 2001 when base and ice were combined into 'potent forms' of methamphetamine they were also reported to be cheapest in SA.

The median price for half a gram of base varied from $100 in SA and QLD to $200 in TAS. Small numbers purchased half grams in other jurisdictions. A gram of base varied from $125 (VIC) to $300 (TAS and the NT). Three quarters of those that commented reported that the price of base remained stable over the last six months (Table 20).

Table 20: Price and availability of methamphetamine base by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($)per 'point'		n=22	n=9	n=2	n=45	n=21	n=19	n=20	n=26
	-	50	50	35	50	25	50	50	50
Price ($) per ½ gram		n=11	n=6	-	n=21	n=11	n=18	n=5	n=35
	-	150	150		200	100	162.50	150	100
Price ($) per gram		n=5	n=5	n=2	n=7	n=9	n=15	n=16	n=26
	-	200	220	125	300	180	250	300	200
Price changes									
(% who commented)	N=305	n=41	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	8	5	6	25	12	8	6	10	7
Increased	10	15	17	25	1	5	14	10	12
Stable	73	73	67	50	80	75	69	66	75
Decreased	3	5	0	0	1	8	6	3	2
Fluctuated	6	2	11	0	6	5	6	10	4
Availability									
(% who commented)	N=304	n=40	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	3	0	11	0	4	0	6	3	3
Very easy	43	35	28	50	51	63	53	21	35
Easy	39	43	28	50	36	33	22	62	46
Difficult	14	23	28	0	7	5	19	14	13
Very difficult	1	0	6	0	1	0	0	0	3
Availability changes									
(% who commented)	N=305	n=41	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't know	5	2	6	0	6	3	6	3	7
More difficult	14	7	22	0	7	8	19	17	25
Stable	59	63	61	100	64	58	56	66	50
Easier	16	15	0	0	23	28	19	7	12
Fluctuates	5	12	11	0	0	5	0	7	6
Place usually score	N=304	n=40	n=18	n=4	n=69	n=40	n=36	n=29	n=68
Don't use	6	18	0	25	4	3	14	3	2
Street dealer	11	28	22	0	3	8	3	7	16
Dealer's home	24	13	67	0	35	30	11	17	18
Mobile dealer	20	30	0	25	17	13	14	14	32
Friend*	31	10	0	50	32	38	47	48	28

Source: IDRS IDU interviews *includes gift from friend

5.1.3 Crystal methamphetamine (ice)

The number of participants in all jurisdictions who were able to comment on the price of ice remained stable in 2004 (45% in 2004 and 44% in 2003 compared to 29% in 2002). As in previous years a 'point' (0.1 gram) was the most popular purchase amount. The price for a point of ice was cheapest in SA ($30) and $50 in all other jurisdictions. A half gram of ice ranged from $100 in VIC and SA to $200 in TAS and WA. The price for a gram of ice was highest in TAS ($400) and lowest in SA ($190). Thirty seven percent of those that commented reported that the price has remained stable over the last six months (Table 21).

Table 21: Price and availability of crystal methamphetamine by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) per 'point'	-	n=28 50	n=46 50	n=19 50	n=34 50	n=13 30	n=45 50	n=19 50	n=26 50
Price ($) per ½ gram	-	n=13 150	n=19 180	n=5 100	n=6 200	n=8 100	n=49 200	n=3 175	n=19 120
Price ($) per gram	-	n=9 280	n=12 300	n=14 200	n=7 400	n=10 190	n=27 350	n=11 300	n=15 250
Price changes (% who commented)	N=424	n=59	n=66	n=31	n=55	n=41	n=79	n=33	n=60
Don't know	14	10	9	16	22	27	6	9	23
Increased	17	15	3	28	15	5	24	33	20
Stable	37	56	65	53	60	61	62	52	40
Decreased	17	12	15	3	2	7	1	3	5
Fluctuated	16	7	8	0	2	0	6	3	12
Availability (% who commented)	N=423	n=58	n=66	n=31	n=55	n=41	n=79	n=33	n=60
Don't know	5	5	0	6	16	12	0	6	0
Very easy	31	36	32	23	18	32	52	15	20
Easy	42	43	44	42	44	39	42	33	43
Difficult	19	16	20	26	18	12	6	36	30
Very difficult	4	0	5	3	4	5	0	9	7
Availability changes (% who commented)	N=423	n=59	n=66	n=31	n=55	n=41	n=79	n=33	n=59
Don't know	9	9	3	10	16	22	4	9	9
More difficult	18	15	17	23	22	15	11	9	29
Stable	50	58	55	52	38	42	57	67	37
Easier	17	10	17	13	18	20	23	15	17
Fluctuates	6	9	9	3	6	2	5	0	9
Place usually score	N=420	n=58	n=64	n=31	n=55	n=41	n=79	n=33	n=59
Don't use	6	12	2	0	15	7	6	6	2
Street dealer	15	28	22	19	6	2	8	6	24
Dealer's home	20	10	39	13	26	20	15	18	17
Mobile dealer	16	24	8	23	13	15	14	9	27
Friend*	35	21	25	42	36	37	47	52	27

Source: IDRS IDU interviews *includes gift from friend

5.2 Availability

5.3.1 Methamphetamine powder (speed)

As in previous years, among those IDU who commented, speed was considered 'easy' or 'very easy' to obtain in all jurisdictions. The majority of IDU who commented considered that the availability of speed had remained stable in the six months preceding interview (Table 19).

IDU obtained speed from a variety of sources, most commonly from friends (34%), dealer's homes (20%) or mobile dealers (17%, Table 19). This pattern was typical in QLD, VIC and WA and the opposite in the other states where the dealer's home was reported more often than a mobile dealer. Obtaining speed from a street dealer was reported by 14% of the national sample that commented.

5.3.2 Base

Among those IDU who commented, the majority of respondents across the national sample considered base to be 'easy' or 'very easy' to obtain and availability was considered stable (Table 20). There is some variation across the jurisdiction among IDU reports regarding the availability of base. About half of the IDU in WA (53%) and SA (63%) that commented on the availability of base reported that it was 'very easy' to obtain. Substantial proportions in NSW and ACT considered it 'difficult' to obtain. The numbers commenting on availability in VIC (n=4) was small, providing further indication of limited availability.

As with speed, IDU obtained base from a variety of sources, most commonly friends (31%), dealer's home (24%) or mobile dealers (20%). Street deals were less common (11%, Table 20).

5.3.3 Crystal (Ice)

Similar numbers to the 2003 national sample commented on the availability of ice. Among those IDU who could comment, almost half (42%) of respondents nationally considered ice to be 'easy' to obtain (Table 21). A further 31% considered it to be 'very easy' to obtain. Although the majority in all jurisdictions considered ice to be 'easy' or 'very easy' to obtain, there is some variability in the level of ease across jurisdictions; from 15% in the NT to 52% in WA considering ice 'very easy' to obtain. Substantial proportions in the NT (36%) and QLD (30%) considered it 'difficult' to obtain ice.

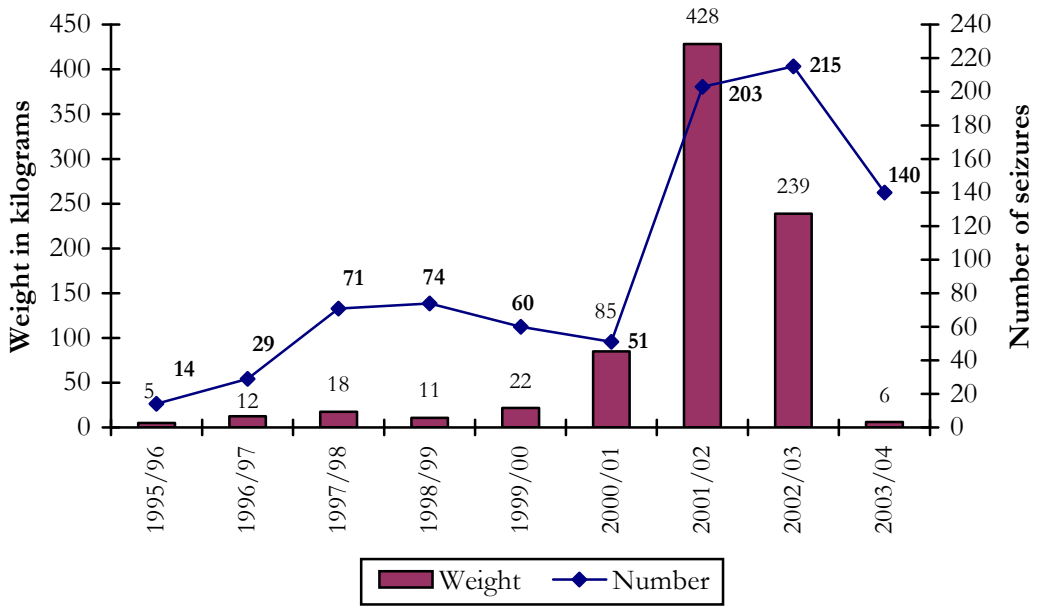
Half (50%) of the national sample considered the availability of ice to be stable, with similar amounts reporting it is to be 'easier' (17%) and 'difficult' (18%) to obtain in the last six months, unlike in 2003 where the availability of `ice' was easier (34%). This pattern of stability was reflected in all jurisdictions in 2004.

Ice was also obtained from a variety of sources, in a similar pattern to speed and base. Friends were the most typical source (35%), followed by dealer's home (20%), mobile dealers (16%) and street dealers (15%, Table 21).

Amphetamine type stimulant seizures at the Australian border

Data provided by the Australian Customs Service show increases in the number of detections of amphetamine type stimulants at the Australian border. The weight and number of amphetamine type stimulant seizures decreased from 239kgs in 2002/03 to 6kgs 2003/04. The number of seizures also reduced from 215 in 2002/03 to 140 in 2003/04 (Figure 20). The reason for the drop may be due to a shift in the importation strategies and methods of concealment. A larger number of smaller amounts are coming into the country via the mail or on planes through body packing.

Figure 20: Total weight and number of amphetamine type stimulant* seizures detected by the Australian Customs Service, 1996-2004

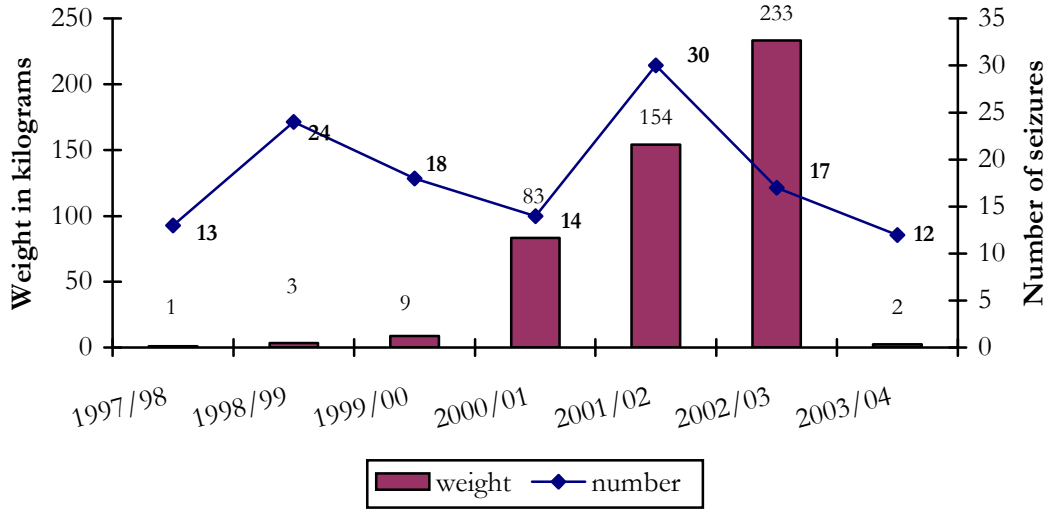


Source: Australian Customs Service 2004

* Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA

There has been a large decrease in the weight of crystal methamphetamine (ice) detected at the Australian border (Figure 21). In 2001/02 the largest quantity of ice (233 kg) was detected at the border to date. There were 12 detections of ice in 2003/04, a decrease from 17 detected in 2002/03 and 30 detections in 2001/02. The weight of the seizures decreased dramatically from 233 kilograms in 2002/03 to just over 2 kilograms in 2003/04 (Figure 21). Once again the reason for the drop may be due to a shift in the importation strategies and methods of concealment. Like amphetamine type stimulants, a larger number of smaller amounts of crystalline methamphetamine may be coming into the country via the mail or on planes through body packing.

Figure 21: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98 – 2003/04

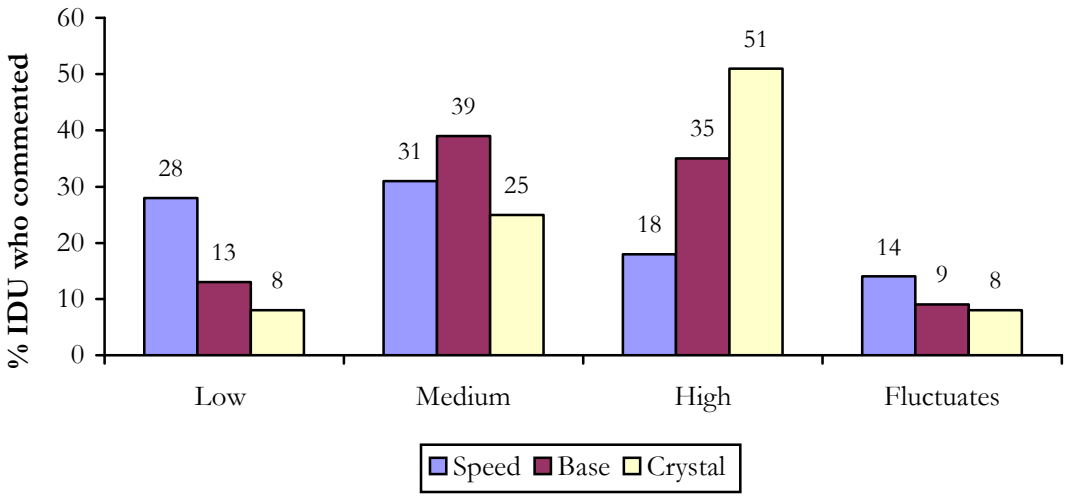


Source: Australian Customs Service 2004

5.3 Purity

IDU were asked to describe the current purity of speed, base and ice. As was to be expected, speed had the highest proportion report the purity as low, base as medium and ice as high (Figure 22).

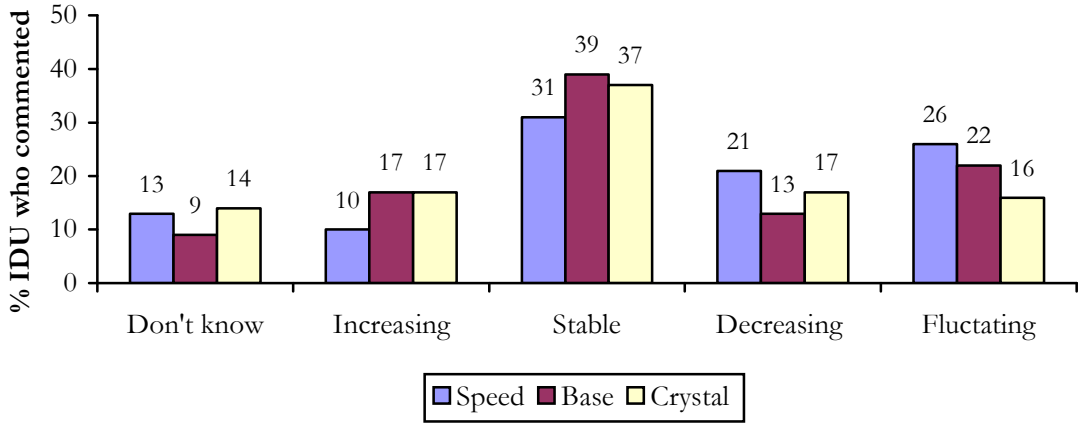
Figure 22: IDU reports of current purity of speed, base and ice, 2004



Source: IDRS IDU interviews

The largest proportion of IDU who commented described the purity or strength of all three forms of methamphetamine as stable in the six months preceding interview (Figure 23).

Figure 23: IDU reports of current purity of speed, base and ice, 2004



Source: IDRS IDU interviews

There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC) has provided the purity figures for State Police and AFP seizures. At present, it is not feasible to distinguish the average purity of speed from the more potent forms, base and ice. Therefore, median methamphetamine purity figures for 2003/04 displayed in Figure 24 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and ice) combined.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission 2003).

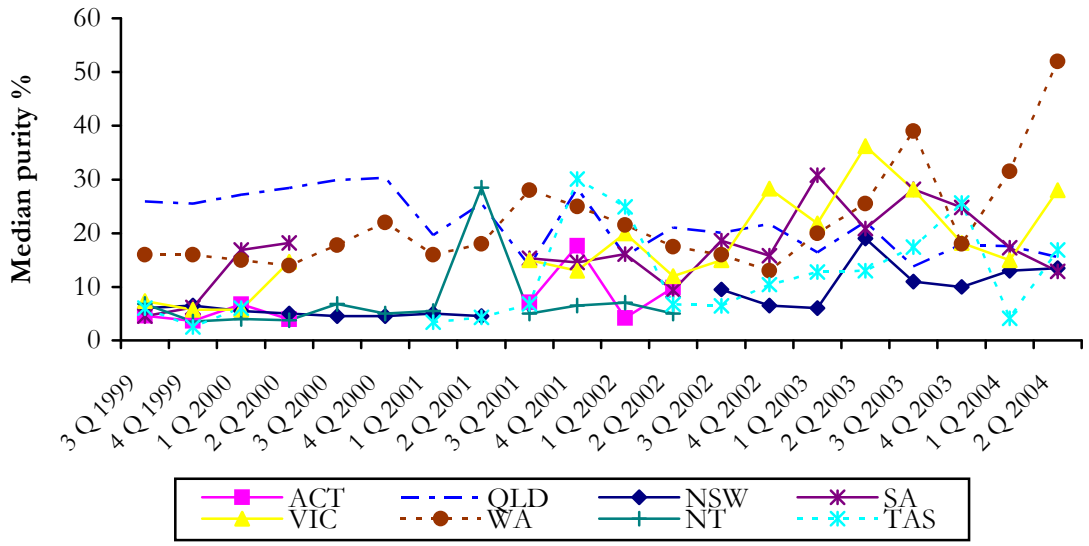
Finally, the purity of methamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2003/04, forensic analysis of seizures of methamphetamine in Australia revealed purity levels ranging from less than 1% to 90%. This wide range in purity should be considered when looking at the median purity figures presented.

As with the heroin purity, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 24 and 25 the following caveat applies; figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine seized by State Police in the relevant quarter. The period between the date of seizure by State Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State Police.

Figure 24 shows the median purity across jurisdictions of methamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear trend in the purity of methamphetamine at a national level although overall, the median purity generally

remains low at less than 35%, except in WA were the purity reach a high of 52% in the second quarter of 2004.

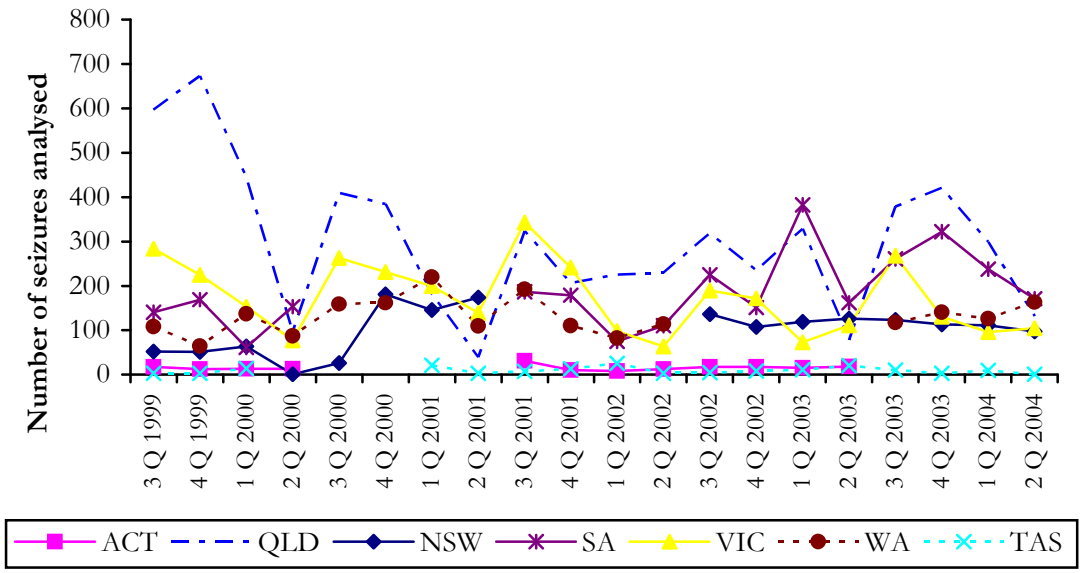
Figure 24: Median purity of methamphetamine seizures analysed by State Police by jurisdiction, 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003 & 2004 1. Seizures ≤2g and >2g combined. 2001/02 data not available for NSW. 2002/03 data not available for NT. In 2003/04 no methamphetamine seizures were analysed for the NT.

The number of seizures analysed shows no clear trend (Figure 25). As mentioned previously not all seizures are analysed, so this data does not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 24.

Figure 25: Number of methamphetamine seizures analysed by State Police by jurisdiction, 1999-2004



Source: ABCI 2000, 2001, 2002. ACC 2003 & 2004. 2001/2002 not available for NSW. 2002/2003 data not available for the NT. In 2003/04 no methamphetamine seizures were analysed for the NT.

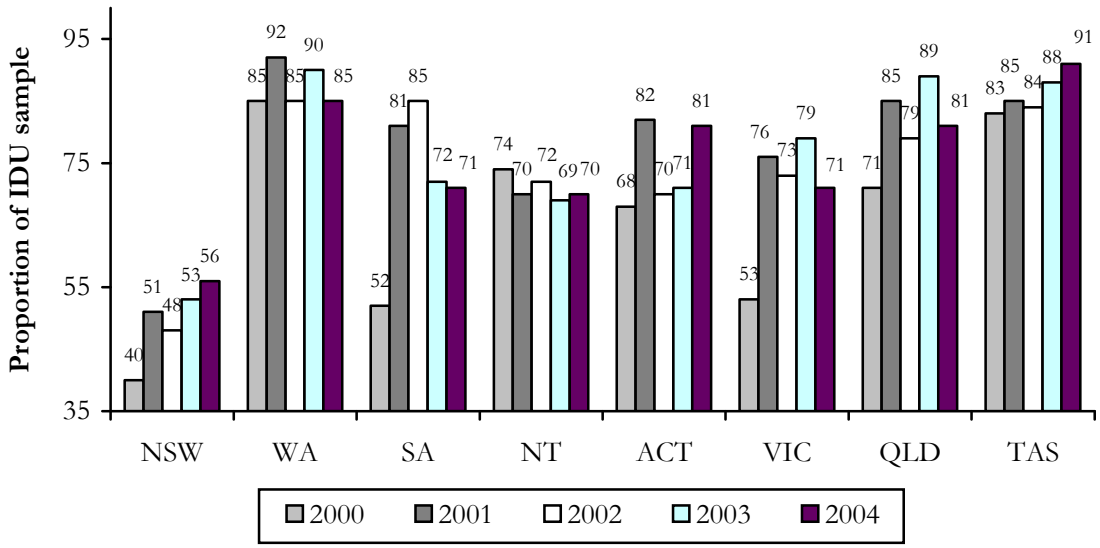
There were only limited AFP seizures analysed. In the 2003/04 financial year, there were 53 AFP seizures analysed in NSW with a median purity of 43.1% and 62 AFP seizures analysed in the ACT with a median purity of 19.7%. Two AFP seizures were analysed in VIC (11.9%), one AFP seizure analysed in QLD with a purity of 78.6% and one in WA (purity 79.2%). There were no methamphetamine AFP seizures analysed in SA, TAS or the NT in 2003/04.

5.4 Use

5.4.1 Recent use among IDU

In 2004, 74% of the national IDU sample reported using a form of methamphetamine (speed, base or ice) in the six months preceding interview. This is similar to figures reported in previous years (75% in 2003, 73% in 2002, and 76% in 2001). Figure 26 indicates that the proportion of IDU reporting recent use of methamphetamine has generally stabilised across all jurisdictions.

Figure 26: Proportion of recent methamphetamine* use among IDU by jurisdiction, 2000-2004



Source: IDRS IDU interviews * speed, base and ice ONLY

Table 22 shows that the proportion of IDU that reported using the different forms of methamphetamine varied across jurisdictions. Nationally, 53% of the sample had recently used speed, 52% ice and 38% base.

The proportion of IDU reporting recent use of speed was relatively stable in all jurisdictions except TAS (where use increased) and WA (where it has steadily decreased).

In 2004, the recent use of ice varied in the jurisdictions. In NSW, the ACT and the NT the prevalence of use among IDU increased. In VIC, TAS and QLD, the prevalence of ice use decreased, and the other states remained stable. The proportion of IDU that reported recent use of base varied among the jurisdictions. TAS had a substantial increase in recent base use from 46% in 2003 to 72% in 2004 (this may explain the drop in reported 'ice' use).

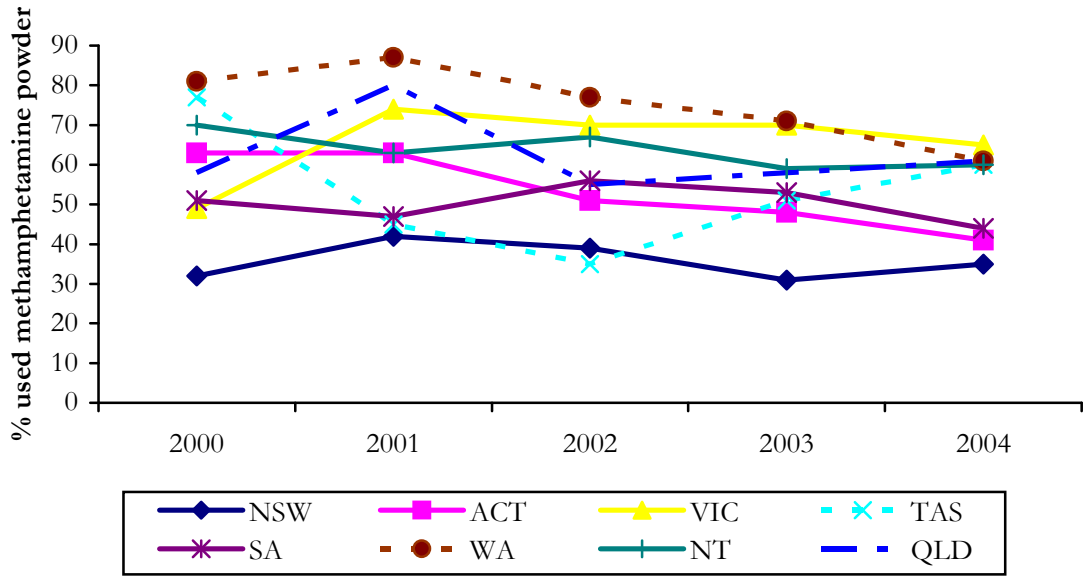
Table 22: Proportion of IDU reporting recent use of different forms of methamphetamine by jurisdiction, 2000-2004

	POWDER (Speed)					CRYSTAL (Ice)					BASE			
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004	2001	2002	2003	2004
National	58	62	56	55	**53**	15	53	35	54	**52**	40	39	35	**38**
NSW	32	42	39	31	**35**	14	29	25	38	**45**	23	23	32	**31**
ACT	63	63	51	48	**41**	17	72	34	65	**73**	36	30	13	**25**
VIC	49	74	70	70	**65**	9	52	26	50	**41**	32	19	18	**11**
TAS	77	45	35	51	**60**	6	56	20	69	**52**	52	74	46	**72**
SA	51	47	56	53	**44**	11	58	56	48	**48**	59	65	51	**46**
WA	81	87	77	71	**61**	51	85	74	80	**83**	56	56	40	**45**
NT	70	63	67	59	**60**	6	24	20	33	**38**	18	21	30	**30**
QLD	58	80	55	58	**61**	13	75	39	60	**51**	75	42	50	**60**

Source: IDRS IDU interviews *did not ask about base in 2000

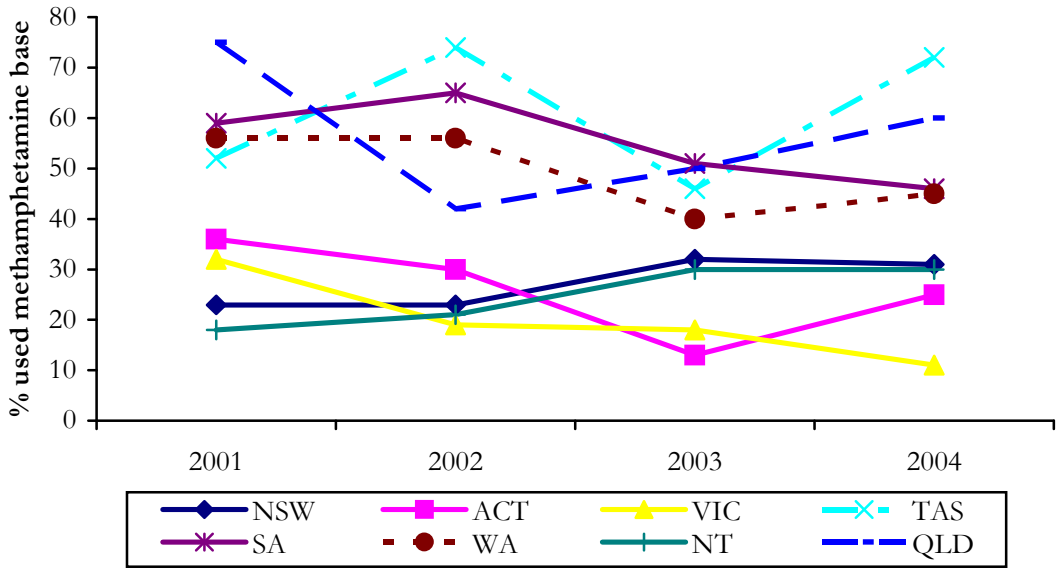
Figures 27, 28 and 29 graphically present the proportion of samples that reported recent use of the three forms of methamphetamine over time. As can be seen, with the exception of TAS, most jurisdictions have shown stable or decreasing rates of recent use of the less potent form of the drug (speed). Reports of base use have varied over time, whereas ice use has relatively consistently increased across years apart from 2002. These reports are consistent with those of KEs across time; it is the use of ice that has been the subject of reports of concern among both law enforcement and health KEs over this period.

Figure 27: Proportion of IDU that reported recent use of methamphetamine powder by jurisdiction 2000-2004



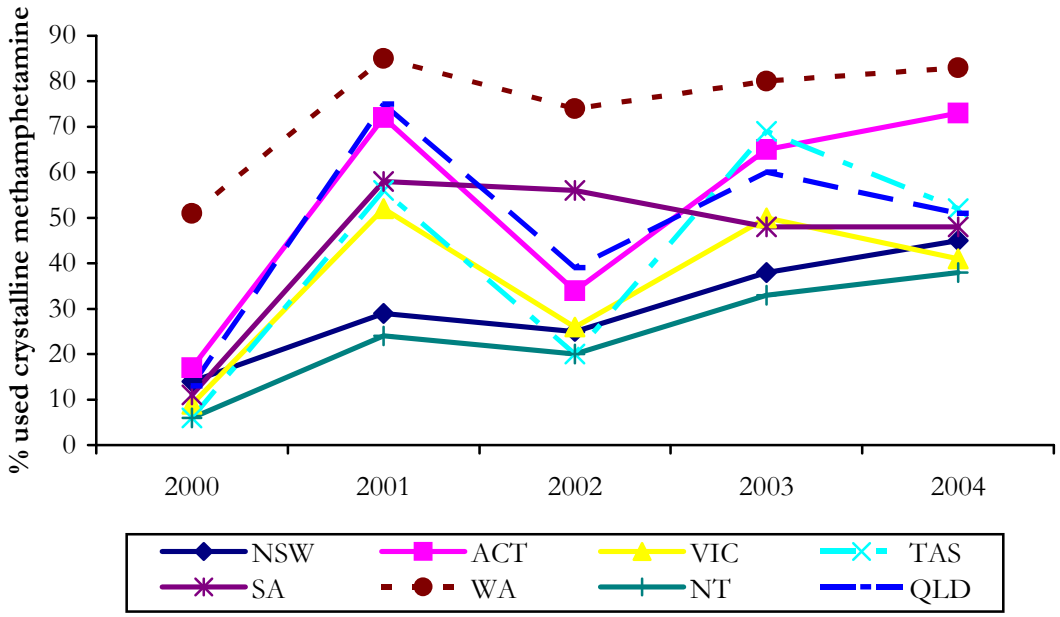
Source: IDRS IDU interviews

Figure 28: Proportion of IDU that reported recent use of methamphetamine base by jurisdiction 2001-2004



Source: IDRS IDU interviews

Figure 29: Proportion of IDU that reported recent use of crystalline methamphetamine by jurisdiction 2000-2004



Source: IDRS IDU interviews

Recent use of liquid amphetamine was not commonly reported, with 8% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 2% in VIC and TAS to 20% in NT (Table 23).

Table 23: Proportion of IDU reporting recent use of amphetamine liquid in 2004

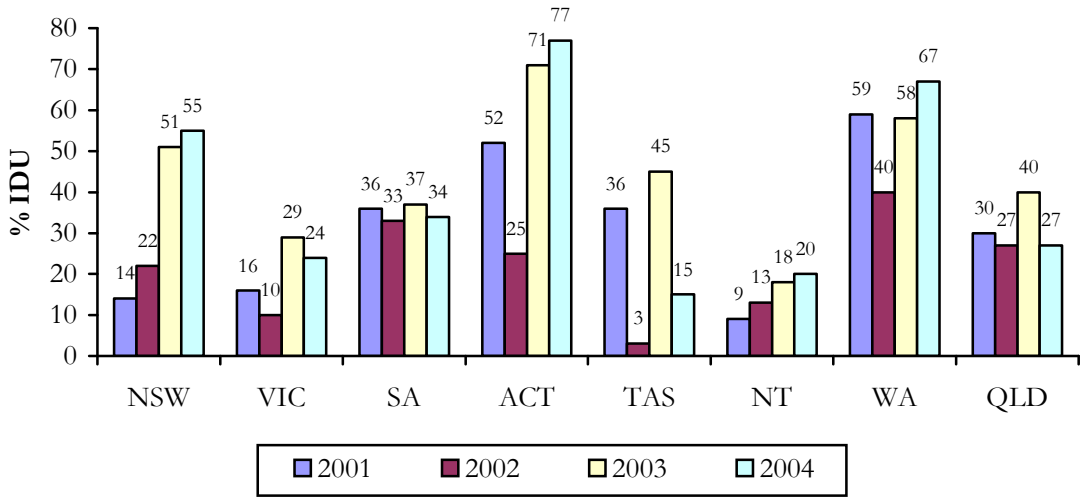
	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Liquid amphetamine	8	5	8	2	2	12	5	20	16

Source: IDRS IDU interviews

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. In 2004, the form most often reported as most used in the past six months was ice (39%). Thiry five percent had used speed most and 20% had used base.

As can be seen from Figure 30, the use of 'ice' as the form used most has stabilised since 2003 except in TAS, which decreased from 45% in 2003 to 15% in 2004. Since 2001, NSW, the NT and the ACT have shown relatively consistent increases in proportions reporting ice as the form most used. In 2004, the ACT, WA and NSW were the jurisdictions with the highest proportions reporting that ice was the form most used.

Figure 30: Proportion of IDU that used methamphetamine and reported ice as the form most used in the six months preceding interview, 2000-2004



Source: IDRS IDU interviews

5.4.2 Frequency of use

The median days used any form of methamphetamine in the national sample was 22 days in 2004, reflecting almost weekly use (Table 24).

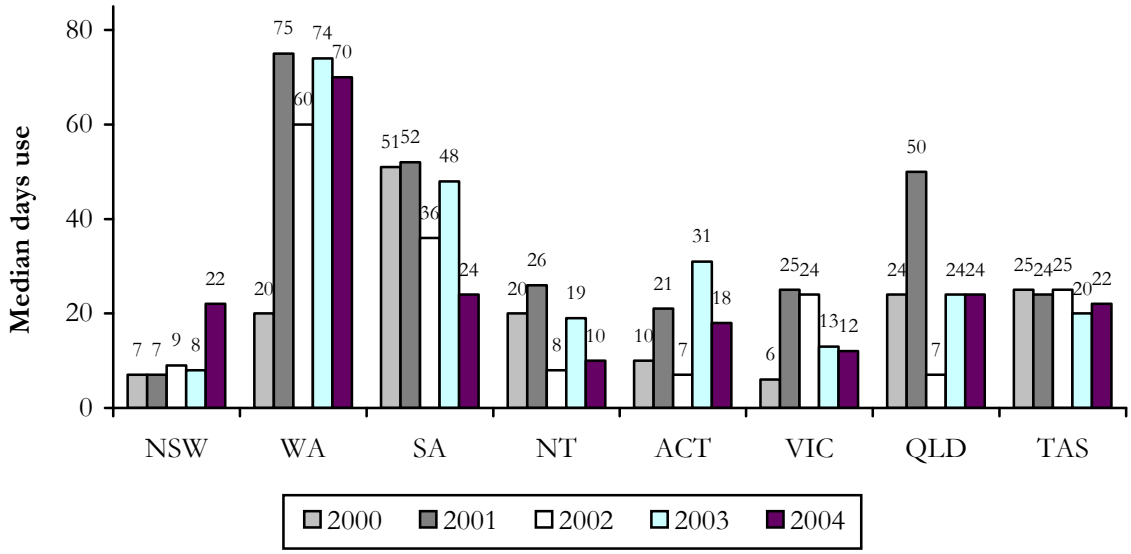
Table 24: Median days used methamphetamine in past six months among those that used by jurisdiction, 2004

	Speed	Base	Ice	Liquid	Pharm. stim	Any form*
National	9	10	6	2	4	22
NSW	7	6	5	1	5	22
ACT	7	4	6	2	4	18
VIC	10	3	4	3	3	12
TAS	8	12	4	2	4	22
SA	5	6	6	2	5	24
WA	15	10	26	2	5	70
NT	8	6	4	5	3	10
QLD	12	12	6	3	1	24

Source: IDRS IDU interviews
*includes speed, base, ice, liquid amphetamine and pharmaceutical amphetamine

Figure 31 shows the median number of days of methamphetamine use among those who used it in the six months preceding interview. It should be noted that in 2000 and 2001, IDU were asked how many days they had used speed (only) in the last six months. From 2002, they were asked how many days they had used speed, base and ice separately, as well as overall number of days used any methamphetamine. From 2002, figures represent *any* methamphetamine. As can be seen in the graph, there was a stabilisation or decrease in the median number of days used in 2002 followed by an increase in all states apart from NSW, VIC and TAS where frequency of use remained stable. However, in 2004 the median number of days used any methamphetamine decreased in all jurisdictions, except NSW and TAS, which increased; QLD remained stable.

Figure 31: Median number of days of methamphetamine use among IDU who had used methamphetamine in the preceding six months, by jurisdiction, 2000-2004

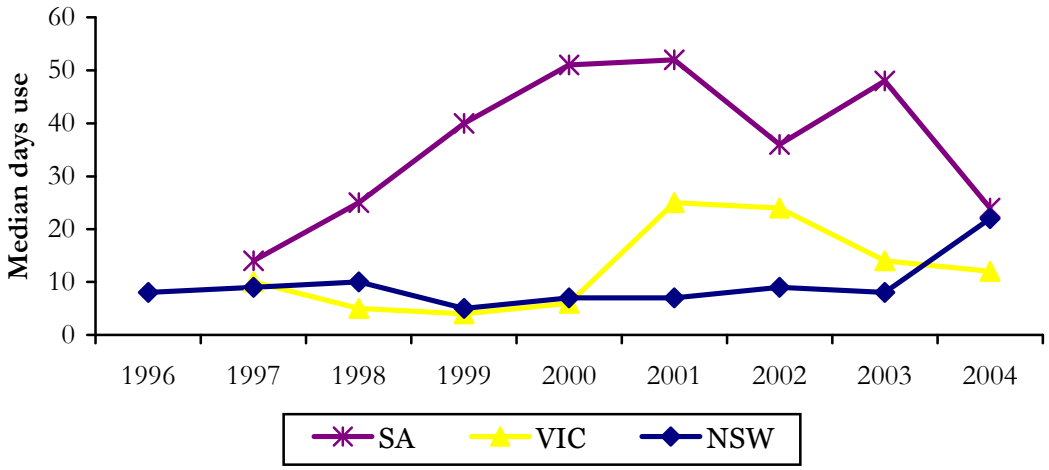


Source: IDRS IDU interviews
2003 and 2004 data – any form includes pharmaceutical stimulants and liquid amphetamines

There was wide variation in the frequency of methamphetamine use across Australia. As in previous years, IDU in WA reported the most frequent use of methamphetamine. IDU in ACT, SA, and the NT reported using on fewer days in 2004 compared to 2003, and NSW had a large increase in the median number of days use (from 8 days to 22 days).

An examination of frequency of methamphetamine use data over a longer time period in NSW, SA and VIC, indicates that there has been a relatively low and stable frequency of use in NSW since 1996, until the increase in 2004. SA recorded steady increases in frequency of methamphetamine use between 1998 and 2000, which appeared to stabilise between 2000 and 2001, and fluctuating since that time. On the other hand, VIC had recorded low and stable frequencies of methamphetamine use until 2001, when frequency of use jumped from an average of once per month to once per week, stabilised in 2002, decreased again in 2003 and in 2004 remained stable (Figure 32).

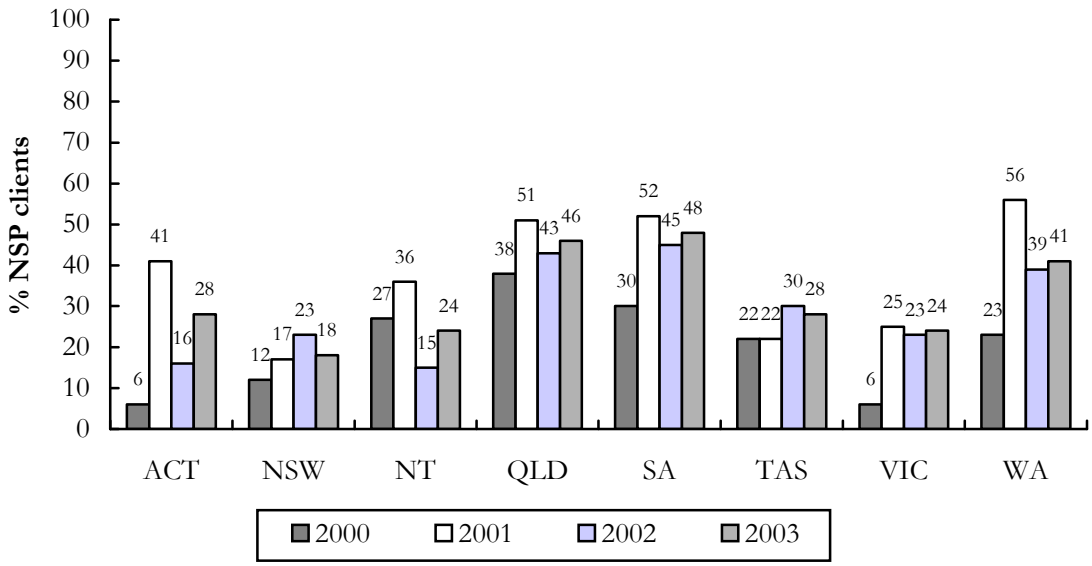
Figure 32: Median number of days of methamphetamine use in preceding six months among methamphetamine users, in NSW, VIC and SA, 1996-2004



Source: IDRS IDU interviews

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey available (provided by the National Centre in HIV Epidemology and Clinical Research - NCHECR) shows data from 2000 to the 2003 Australian NSP Survey (Figure 33). The graph depicts the proportion of NSP clients that report amphetamine as the drug they had last injected by jurisdiction. The 2003 data reflect findings from last year's IDRS, in which there was an increase in methamphetamine injection. As in the past, IDRS and NSP Survey results have complemented each other and the two surveys thus serve to validate the findings of the other. The 2004 NSP survey results should continue to show jurisdictional differences in levels of amphetamine injection, and potentially show increases in the proportion reporting amphetamine as the last drug injected.

Figure 33: Proportion of NSP clients reporting amphetamine as drug last injected by jurisdiction, 2000 - 2003



Source: Australian NSP Survey, (NCHECR, 2004)

5.5 Methamphetamine related harms

Law enforcement

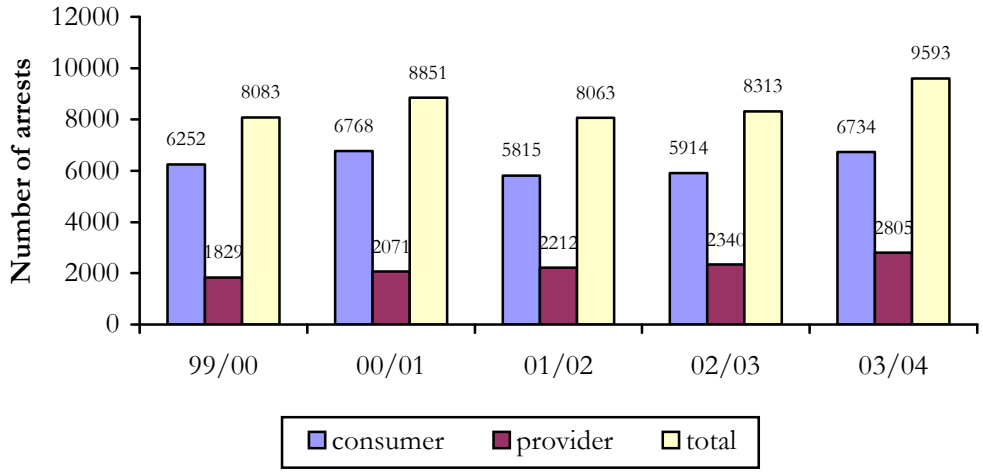
Arrests

As mentioned previously, it should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission 2003).

Consumer and provider arrests Australia-wide increased from 8313 in 2002/03 to 9593 in 2003/2004, reaching levels higher than those reported prior to the heroin shortage (which were 8083 in 1999/2000) (Australian Crime Commission 2003). The slight decrease in the number of consumer and provider arrests in 2001/02 (8063) was consistent with the 2002 IDRS IDU data, which suggested that although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased (Figure 34).

The number of amphetamine-type stimulant arrests increased in the majority of states in 2003/04. In WA the number of arrests increased from 1300 in 2002/03 to 1711 in 2003/04. QLD also had an increase from 2533 in 2002/03 to 3000 in 2003/04 and VIC from 1842 in 2002/03 to 2240 in 2003/04. The arrest data for each state and territory include AFP data.

Figure 34: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2003/04



Source: ABCI, 2001, 2002; ACC 2003 & 2004 Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

Health

Overdose

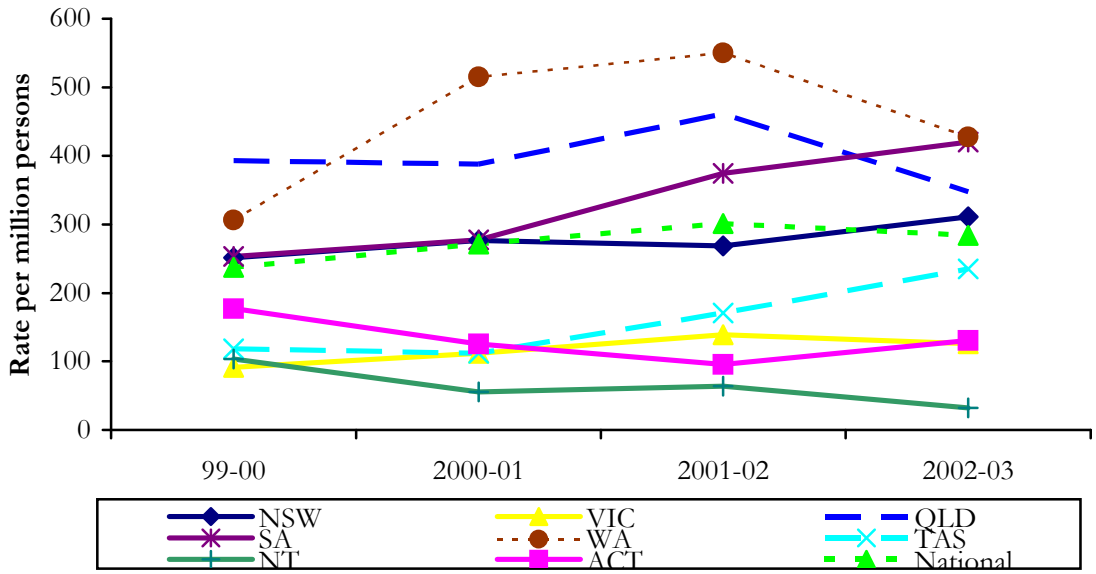
There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death and therefore mortality data may under represent cases where methamphetamine contributes to the death, such as premature death related to cerebral vascular pathology e.g. haemorrhage or thrombosis in the brain.

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997 (Degenhardt, Roxburgh et al. 2004). In 2003, there were 50 accidental drug-induced deaths in which amphetamines were mentioned among those aged 15 to 54 years, with over half of these deaths (54%) occurring in New South Wales (n=27), followed by Western Australia (18%) and Victoria (16%). Amphetamines were determined to be the underlying cause of death in one third (34%) of these deaths (n=17). The rate per million persons aged 15-54 years where amphetamine was mentioned was 4.4 in 2003, unchanged since 2002 when it was 4.9 per million persons aged 15-54 years.

Hospital admissions

Data from the NHMD managed by the AIHW shows national inpatient hospital admissions for amphetamines over the last four years (Figure 35). Since 2000/01 WA has had the highest rate of hospital admissions of all states, reaching a peak of 550 per million persons aged 15-54 years in 2001-02. In 2002/03 WA (428 hospital admissions per million persons) continued to have the highest rate of inpatient hospital admissions for amphetamines, followed by SA (420 hospital admissions per million persons). This is consistent with IDU survey data, in which the highest rates of methamphetamine use were reported in WA.

Figure 35: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million persons aged 15 -54 years by jurisdiction, 1999-00 to 2002-03

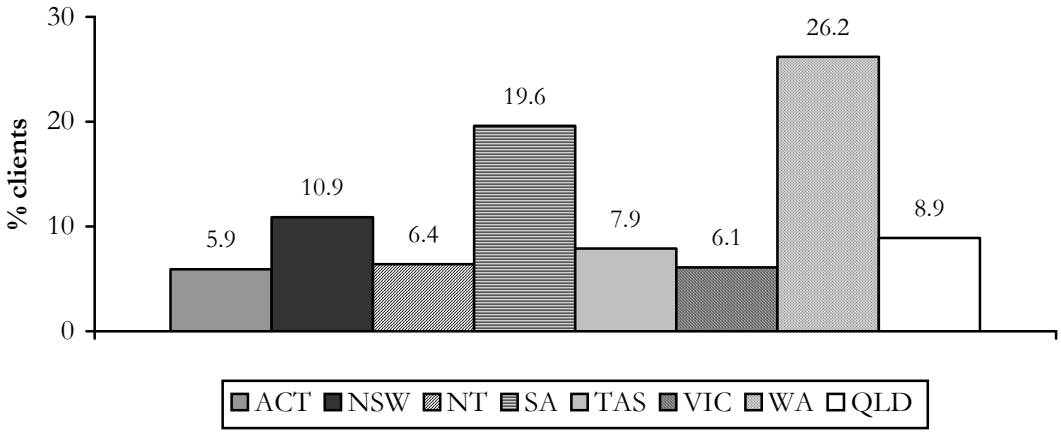


Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

Treatment

Data from the AODTS-NMDS indicate that in 2002/03 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by SA (20%), NSW (11%) and under 10% in the other states (Australian Institute of Health and Welfare 2004).

Figure 36: Proportion of closed treatment episodes for clients who identified amphetamine as their principle drug of concern (excluding pharmacotherapy) by jurisdiction , 2002-03*



Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

5.6 Jurisdictional trends for methamphetamines

5.6.1 NSW

The price for all three forms of methamphetamine (speed, base and ice) remained stable, with the median price paid for a point of each reported as $50. A `point' was the most popular purchase amount for all forms of methamphetamine.

All forms of methamphetamine remained readily available in 2004. Over three quarters reported the availability of speed (79%), base (78%) and 'ice' (79%) as 'very easy' or 'easy'. Over half reported the availability of speed (68%), base (63%) and ice (58%) as stable.

The median purity of AFP seizures analysed in NSW varied however were relatively high (ranging between 10% and 78%) in the past twelve months however, these figures should be interpreted with caution as they are based on small numbers of seizures analysed (between 1 and 29 per quarter). In contrast, NSW Police seizures that were analysed were lower in purity (at approximately 11%) however the number of NSW Police seizures analysed remained higher, above 97 seizures per quarter, for the past twelve months.

The use of speed and base in the preceding six months remained stable. Ice use increased to 45% from 38% in 2003 and the frequency of use was less than weekly. Ice was the most

commonly used form (55% in 2004; as compared with 51% in 2003), and 45% reported any ice use in the last 6 months.

Thirty five percent of the NSW sample reported recent use of speed (compared to 31% in 2003), 31% base (compared to 32% in 2003) and 45% ice (compared to 38% in 2003). Patterns of methamphetamine use remained sporadic although overall use increased from approximately once per month to approximately once per week. Thirteen IDU reported use on 60 days or more (i.e. 8% of IDU) in preceding six months.

5.6.2 The ACT

The price for a point of each form of methamphetamine remained stable at $50 and for larger amounts the price for a gram of speed, base and ice varied, although the median prices for each remained stable. Speed, base and ice were reported as 'easy' to 'very easy' to obtain and remained stable. The median methamphetamine purity levels provided by the ACC AFP revealed an increase in the purity of methamphetamine seized in the ACT from 7% in 2002-2003 to 19.7% in 2003-2004, however the number of seizures were low (62 over 12 months).

The use of all forms of methamphetamine in the last six months increased. Base increased from 13% to 25%, speed decreased from 48% to 41% and ice increased from 65% to 73% in 2004. Over a third of speed (37%) and base (67%) and nearly a third of ice (39%) participants sourced the drug through a dealer's home. Nearly a quarter purchased from a street dealer (the same for all forms of methamphetamine).

5.6.3 VIC

The median price of a point of all three forms of methamphetamine varied in VIC (speed $40, base $35 and ice $50), although it is important to note that only small numbers were able to comment on the price, purity and availability of base (n=4).

The majority reported that all three forms were easy to very easy to obtain and the availability was stable in the six months preceding interview. These drugs were predominantly sourced through friends (including gifts from friends, speed 39%; ice 42%) and mobile dealers (speed 25%; ice 23%).

Findings from 2004 suggest that the use of all three forms of methamphetamine (speed, base and ice) reduced since 2003. While the prevalence of speed use amongst IDU in Melbourne remains quite high, in 2004 reported use of ice decreased from 50% to 41%, unlike in 2003 when it almost doubled from the previous year (26% in 2002). Frequency of use decreased for all forms, in particular base and ice.

As with the 2003 IDRS, key experts in this study commented that methamphetamine use is still very prevalent amongst the IDU in Melbourne, which remains stable since the previous years IDRS. A number of law enforcement key experts commented that there has been an increase in poor quality methamphetamine labs, which in turn have been producing poor quality methamphetamine. Several key experts added that there has been an increase in users presenting with mental health issues as a result of the poor quality of speed and ice.

5.6.4 TAS

The price for all three forms of methamphetamine (speed, base and ice) remained stable in 2004, with the most commonly price paid $50 for a point or packet. However, gram prices were more variable. While prices for grams of base remained stable at $300 per gram, prices

for ice increased from $350 to $400 between the 2003 and 2004 surveys. Median purchase prices for speed increased from the 2003 survey (from $215 to $290 in 2004), however as this is sold in such varying purity, and hence purchase prices are widely variable, it is difficult to determine the reliability of such a change.

IDU consumers regarded powder and base as 'very easy' to access, with ice predominantly regarded as being 'easy' to access. Distinct trends in availability were seen for each of the presentations of the drug: with the availability of methamphetamine powder predominantly seen as remaining stable over the preceding six months; the availability of base seen as remaining stable or increasing somewhat over this time; and, in contrast, the availability of ice remaining stable or declining locally. Patterns of recent use of methamphetamine mirrored these reported trends in availability: in 2004, the recent use of methamphetamine powder in the last six months increased from 51% to 60% but was uncommon as the form of methamphetamine predominantly used. Base had the largest increase in use, from 46% in 2003 to 72% in 2004, returning to levels similar to 2002 (74%). Crystal methamphetamine use decreased from nearly two-thirds (69%) to just over half (52%) in 2004.

IDU reports of powder purity were low to medium and quality perceived as stable in recent months. Base was regarded by consumers as currently being of medium to high purity, and as having remained stable or increased in the past six months. Similarly, the purity of crystal methamphetamine purchased locally was perceived as medium to high with the quality largely reported as remaining stable, although there were some indications of a possible decline in purity.

The signs of decreased availability of crystal methamphetamine locally may be attributed to the impact of arrests made by Tasmania Police of high level suppliers of this form of the drug, disrupting the supply chain for ice into the state. However, as per previous years, there continue to be anecdotal reports of increased local production of methamphetamine powder, and possibly base.

There continue to be IDU and key expert reports of an increasing number of users, and an increase in younger (late teen) users and female consumers of methamphetamine locally. Data from the state's Needle Availability Program support these indications of increasing methamphetamine use locally. Also, consumers reported the rise of a different 'type' of methamphetamine consumers, described as the "crystal meth set": groups more likely to be regularly employed and have more disposable income. IDU also reported the continuation of a trend noted since 2001, with increasing numbers of IDU shifting from being predominant users of opioids to becoming predominant users of methamphetamine. While the level of use and availability of crystalline methamphetamine had declined in the window of time tapped by the 2004 IDRS study in comparison to the 2003 sample, there are anecdotal reports of increasing availability of this form in the late months of 2003. As this form had proved particularly attractive both to regular IDU and other demographic groups, careful monitoring of both the methamphetamine market and the impacts on the physical and mental health of users is warranted in the coming years.

5.6.5 SA

Overall there have been decreases in the price of all three forms of methamphetamine from 2003 to 2004. In contrast to 2003, there was little difference in the median price paid for a 'point' of all three forms of methamphetamine in 2004. The median price of a gram of powder remains considerably cheaper than either base or crystal. Again it was noticeable in 2004 that there were wide ranges in reported prices paid, particularly of a gram, across all

types of methamphetamine. IDU reported the price of all forms of methamphetamine as stable. KEs reports are in agreement with IDU information on price.
In 2004, all forms of methamphetamine were reported as 'easy' or 'very easy' to obtain by the majority of IDU able to comment, and base methamphetamine was considered easiest to obtain, followed by powder and crystal. The majority also reported that availability of all forms had recently been stable or getting easier. Availability was largely unchanged compared to 2003, except for a perceived increase in availability of base methamphetamine. The majority of KEs also reported availability as 'easy ' or 'very easy' and stable. There was a decline in the proportion of IDU reporting that they usually obtained powder and base methamphetamine from mobile dealers, and rise in the proportion scoring from dealer's homes.

Since 2003, there has been an overall slight increase in the perceived purity of all forms of methamphetamine. Purity of all forms was considered largely stable, but perceptions were somewhat equivocal with substantial proportions of IDU reporting change or fluctuation in purity recently. However, the base and crystal forms were still perceived as high or medium purity by the majority of those IDU able to comment.

The proportion of IDU reporting recent use of any methamphetamine remained stable, but large decreases were seen in the frequency of use of base and crystal methamphetamine. However, there was only limited support of decreased use of methamphetamine among IDU from KEs reports.

5.6.6 WA

The price reduced for a gram of methamphetamine differed somewhat depending on its form with a gram of powder costing $260, base $250 while the price of a gram of crystal methamphetamine was $350. These prices did not differ significantly from those reported in 2003.

The availability of speed, base and crystal methamphetamine were reported as being 'very easy'. The availability of all forms of methamphetamine had remained stable over the previous six months. A minority reported ice was 'easier' to obtain.

User's impressions of methamphetamine purity, as with price differed according to the drug's form. Thus, powder was viewed as being of medium purity and stable while base was seen as high and stable. Crystal methamphetamine was reported to be consistently high. Analysis of methamphetamine seized by Police was not differentiated by form and revealed a median purity for the 2002/2003 period of 30% revealing a substantial increase on the previous year's median of 18%. Further, analysis of seizures in the most recent two quarters reveal continuing steep rises in methamphetamine purity to an unprecedented level of 52% in the second quarter of 2004.

Recent use of crystal methamphetamine was reported by 83% of IDU of the sample and continues to be the predominant form in WA. Methamphetamine was the most commonly injected drug amongst the 2004 IDU sample despite its remaining second to heroin as the most commonly nominated drug of choice.
Although there had been no decrease in the numbers of IDU reporting the recent injection of crystal methamphetamine, there had been a significant increase in the numbers of IDU reporting that they had recently smoked this form of the drug. This trend was especially noticeable among younger IDU.

5.6.7 The NT

The median price of a gram of speed powder has increased from $80 in 2001 and 2002, $100 in 2004 to $200 in this year. A 'point' of speed, base and crystal methamphetamine were all $50, consistent with previous years. Key experts reported recent speed powder prices as stable, as did most IDU.

Speed and base continues to be both 'very easy' and 'easy' to obtain. Ice was less easy to obtain compared to speed and base and compared to 2003, with over a third reporting the availability of ice as 'difficult'.

Methamphetamine as the most frequently injected drug in the month prior to interview reduced from 28% in 2003 to 22% of the IDU sample in 2004 to levels similar to 2002 (19%). Recent methamphetamine use remains high (70% of the IDU sample) and consistent with previous years. Powder continues to be the most common and most frequently used form although larger proportions report the recent use of base (30%) and crystal (38%).

5.6.8 QLD

The price of base and speed remained stable at $50 per point. Crystal methamphetamine ('ice') increased in price from $35 in 2003 to $50 a point in 2004.

The availability of speed and base is 'easy' to 'very easy' and stable; however the availability of ice was reported as stable by over a third (37%) and nearly a third thought it had become more difficult (29%) to obtain. All forms of methamphetamine were reportedly purchased either through friends or a mobile dealer.

The purity of methamphetamine was perceived to be medium to high and stable. The purity of methamphetamine seizures analysed was stable to decreasing, although seizure data reflect all forms of methamphetamine and therefore may not be indicative of any one form.

The use of methamphetamine, especially ice, increased among IDU in 2003, possibly in response to a diminishing heroin market. Use of ice has decreased in 2004, again perhaps in response to a stabilising heroin market. There has been little change in patterns of use of methamphetamine among IDU, despite evidence of an increase in smoking of ice among some recreational drug users (Fischer and Kinner 2004).

There continues to be a high and growing number of clandestine 'box lab' seizures in QLD.

5.7 Summary of methamphetamine trends

- Methamphetamine prices remained stable in 2004. All forms of methamphetamine were commonly purchased in points.
- All forms of methamphetamine were considered to be 'very easy' or 'easy' to obtain and the availability stable in the six month preceding interview.
- IDU reports of the purity of speed were mixed with the majority reporting the purity to be low to medium. Base purity was considered to be medium and crystal to be high. There is no clear trend in purity of analysed seizures of methamphetamine, with variation in purity across jurisdictions.
- Recent use of speed powder remained at levels similar to 2003 in all states, highest in VIC and lowest in NSW. Recent use of base decreased in TAS, VIC, QLD and the

NT, increased slightly in NSW, WA, and the ACT. In 2004 the use of crystal methamphetamine (ice) increased in NSW, the ACT and the NT.

- There were increases in the proportions of IDU in some states reporting that crystal methamphetamine was the form they had used most in the preceding six months.
- Inpatient hospital admissions for amphetamines remained stable in 2002/03.

6. COCAINE

Table 25 displays the price, purity and availability of cocaine in 2004 by jurisdiction. As in previous years, a higher proportion of IDU in NSW (48%) than in other jurisdictions commented on aspects of the price, purity and availability of cocaine (NT 9%, WA 7%, QLD and ACT 6%, SA 5%, TAS 3% and VIC 1%). The fact that only small numbers were able to report on cocaine is an indication of the limited use and availability among IDU outside of NSW. In 2004 in the majority of the all jurisdictions the proportion of IDU that could comment was smaller than in previous years suggesting a decrease in cocaine availability and use. As very small numbers were able to comment in some jurisdictions, the results should be interpreted with caution. Appendix C, Table C1 displays comparable figures from the 2003 IDRS.

6.1 Price

Prices in Table 25 represent the median prices of the last purchases made by IDU in the preceding six months.

Small numbers in all jurisdictions, including NSW, had bought a gram of cocaine in the past six months. Therefore these figures should be interpreted with caution (NSW n=6, ACT n=3, QLD n=1, no purchase in the WA and two purchases in all other states). Although few IDU in all jurisdictions other than NSW commented on changes in the price of cocaine, the majority of IDU who commented reported that the price had remained stable.

Thirty four participants in NSW bought a cap of cocaine in the last six months, as did four participants in the NT and one person in the SA and QLD. The median price for a cap was $50 in NSW. The price of a cap of cocaine has remained relatively stable in NSW since 1996.

Twelve participants in NSW purchased a half gram of cocaine at the median price of $140, an increase from $100 (in 2003).

Table 25: Price, purity and availability of cocaine by jurisdiction, 2004

	National N=948	NSW N=157	ACT N=100	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=111	QLD N=129
% used last 6 months	16	47	10	10	4	6	15	10	10
Median price ($) per gram	-	n=6 290	n=3 350	n=2 200	n=2 325	n=2 190	-	n=2 250	n=1 200
Median price ($) per cap		n=34 50	-	-	-	n=1 50	-	n=4 60	n=1 150
Price changes (% who commented)	n=117	n=76	n=6	n=2	n=3	n=5	n=7	n=10	n=8
Don't know	21	13	33	0	67	20	57	30	25
Increased	13	16	0	50	0	0	0	10	13
Stable	61	70	33	50	33	80	14	50	50
Decreased	3	1	0	0	0	0	29	10	0
Fluctuated	3	0	33	0	0	0	0	0	13
Availability (% who commented)	n=117	n=76	n=6	n=2	n=3	n=5	n=7	n=10	n=8
Don't know	9	5	17	0	0	20	29	20	13
Very easy	24	32	17	0	0	20	0	20	0
Easy	30	34	0	50	33	40	29	20	13
Difficult	27	28	50	0	0	20	14	30	38
Very difficult	9	1	17	50	67	0	29	10	38
Availability changes (% who commented)	n=118	n=76	n=6	n=2	n=3	n=5	n=7	n=11	n=8
Don't know	16	13	17	0	0	20	29	36	13
More difficult	18	20	17	50	0	0	14	0	38
Stable	54	55	67	50	100	80	29	36	50
Easier	10	11	0	0	0	0	14	27	0
Fluctuates	2	1	0	0	0	0	14	0	0
Place usually score	n=116	n=76	n=5	n=2	n=3	n=5	n=7	n=10	n=8
Don't use	23	25	0	0	0	20	43	20	25
Street dealer	25	30	40	0	33	0	0	20	13
Dealer's home	6	5	0	0	33	0	14	0	13
Mobile dealer	17	24	0	0	0	0	0	10	13
Friend*	26	13	60	50	33	80	43	50	38

Source: IDRS IDU interviews
*includes gift from friend

6.2 Availability

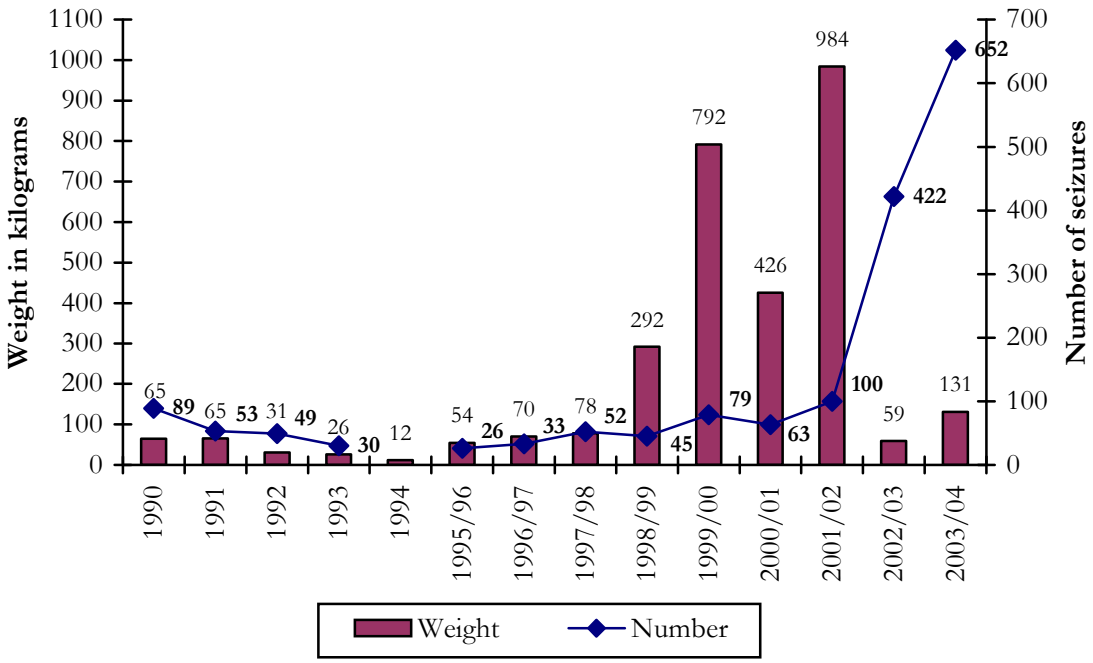
In jurisdictions other than NSW, only small numbers of IDU commented on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. In 2004 smaller proportions in NSW commented on availability (48% compared to 59% in 2003 and 75% in 2002). Of those that commented in NSW, 66% described it as 'easy' or 'very easy' to obtain and a further 29% considered it to be 'difficult' or 'very difficult' to obtain. Substantial proportions in the other jurisdictions reported cocaine as 'difficult' to obtain. Availability in the six months preceding interview was generally thought to be relatively stable (Table 25).

Again only small numbers reported on where they usually scored cocaine, and it appears that NSW remains the only jurisdiction in which a significant street-based cocaine market exists, with nearly a third of those that commented in NSW reporting that they usually scored from a street dealer and a quarter from a mobile dealer. Cocaine use in other jurisdictions appears to be more opportunistic with most IDU scoring from friends.

Cocaine seized at the Australian border

During 2003/04, the Australian Customs Service made a record 652 detections of cocaine at the Australian border, the highest number of detections to date. The detections weighed a total 131 Kilograms, a lower weight than has been reported previously, but an increase from 2003 (Figure 37). Therefore, as with heroin detections, there were more, smaller seizures of cocaine in 2003/04. The large weight detected in the 2001/02 financial year was mainly due to a single seizure in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 37: Number and weight of detections of cocaine made at the border by the Australian Customs Service, 1998/99 - 2003/04

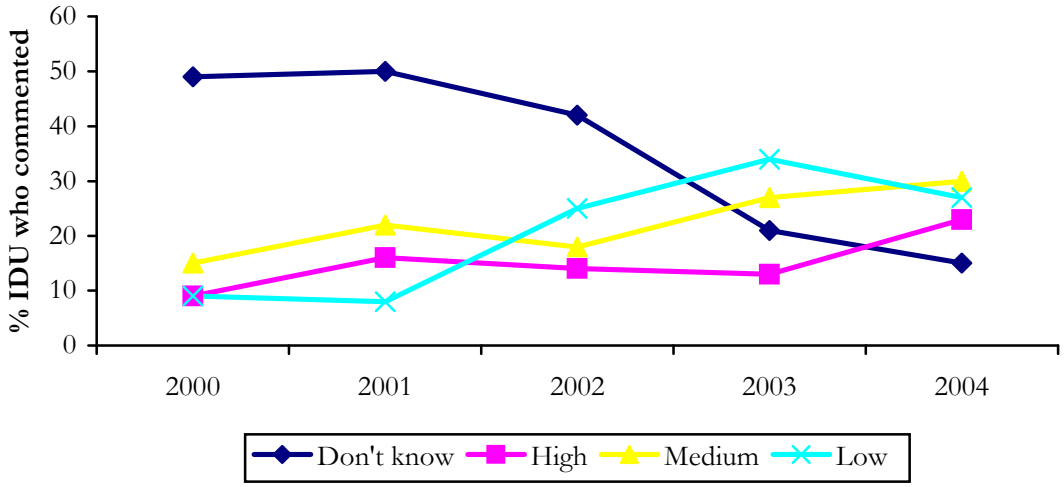


Source: Australian Customs Service

6.3 Purity

IDU were asked to describe the current purity or strength of cocaine and if there had been any change in perceived purity in the six months preceding interview. IDU reports of the purity of cocaine were variable. Of those able to comment, nearly a third (30%) reported the purity as medium and 27% as low. There was an increase in the proportion reporting the purity as low between 2001 and 2003, and an increase the proportion reporting the purity as low since 2002. In 2004 there was an increase in the number reporting cocaine purity to be medium to high and a drop in the number reporting cocaine purity as low (Figure 38).

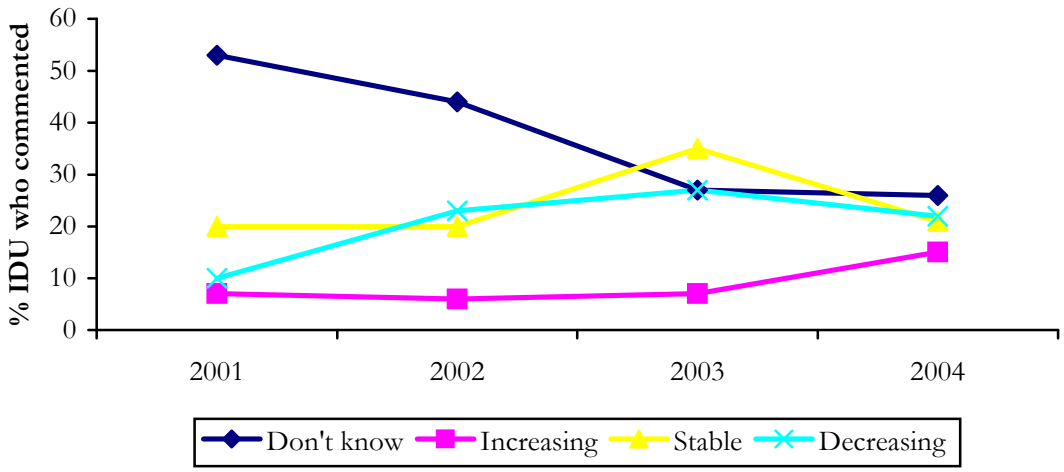
Figure 38: IDU reports of current purity of cocaine among those that commented, 2000-2004



Source: IDRS IDU interviews

IDU reports regarding the changes in cocaine purity were variable (Figure 39). In 2003 an increasing amount reported that the purity was stable however in 2004 those reporting purity as stable dropped to those levels reported in 2002 (from 35% in 2003 to 21% in 2004). More participants reported that the purity has increased in 2004 (from 7% in 2003 to 15% in 2004). This trend is also seen in Figure 38 where the medium and high purity of cocaine reported increased. Nearly a quarter reported purity as decreasing (22%) and a further 26% did not know.

Figure 39: IDU reports of changes in purity of cocaine among those that commented, 2001*-2004



Source: IDRS IDU interviews
* Participants in 2000 were not asked about changes in purity

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample

of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult.

Furthermore, there were no AFP cocaine seizures analysed in TAS, SA and the NT and no TAS or NT State Police cocaine seizures analysed in 2003/04.

The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA (n=4, decreased dramatically from 59% in 2002/03) to 48% in the ACT (n=3, Table 29). Many states had few or no State Police seizures analysed. In 2003/04 most of the cocaine seizures analysed were from NSW, VIC and QLD. The AFP generally seizes cocaine at the border, with higher purity (Table 26).

Table 26: Median purity of cocaine seizures by jurisdiction 1999/00 – 2003/04

	Median Purity %									
	State Police					AFP				
	99/00	**00/01**	**01/02**	**02/03**	**03/04**	**99/00**	**00/01**	**01/02**	**02/03**	**03/04**
NSW	34.0 n=36	52.0 n=101	n.a	27.0 n=52	**32.0 n=97**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	**72.3 n=348**
ACT	-	-	35.9 n=5	-	**48.0 n=3**	25.9 n=2	35.9 n=2	-	-	**48 n=3**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	**32.6 n=27**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	**75.3 n=34**
TAS	-	44.6^ n=1	44.0^ n=1	-	**-**	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	**38.5 n=10**	-	66.9 n=94	-	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	**3.0 n=4**	35.8^ n=1	33.8 n=3	72.4 n=4	-	**59.4 n=9**
NT	-	-	24.0^ n=1	-	**-**	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	**14.9 n=30**	76.3 n=33	72.7 n=11	63.1 n=15	-	**71.7 n=24**

Source: ABCI 2001, 2002; ACC, 2003 & 2004

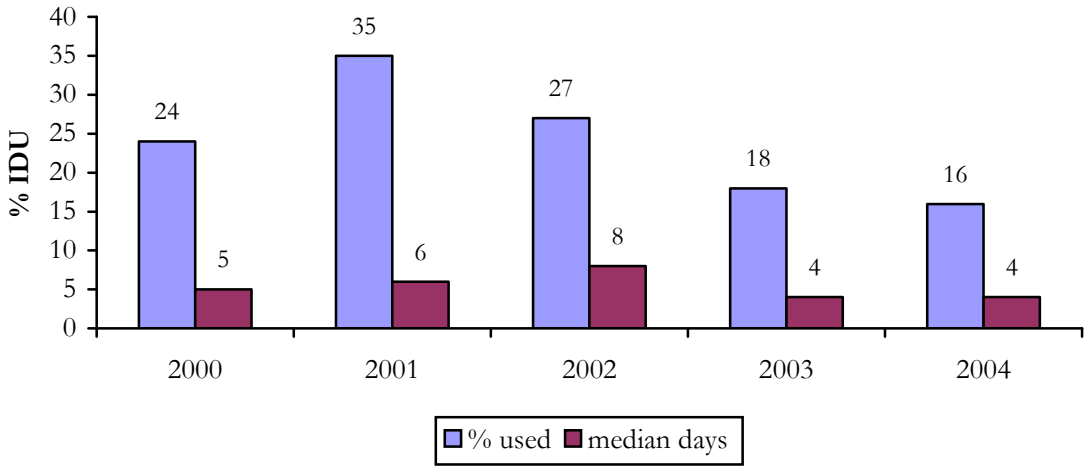
1. Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no State Police seizures were analysed in SA Jan –June 2001. 2001/02 State Police data are not available for NSW. In 2003/04 no cocaine seizures were analysed for the NT or TAS. Figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by State Police in the relevant quarter. The period between the date of seizure by State Police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

6.4 Use

6.4.1 Powder cocaine

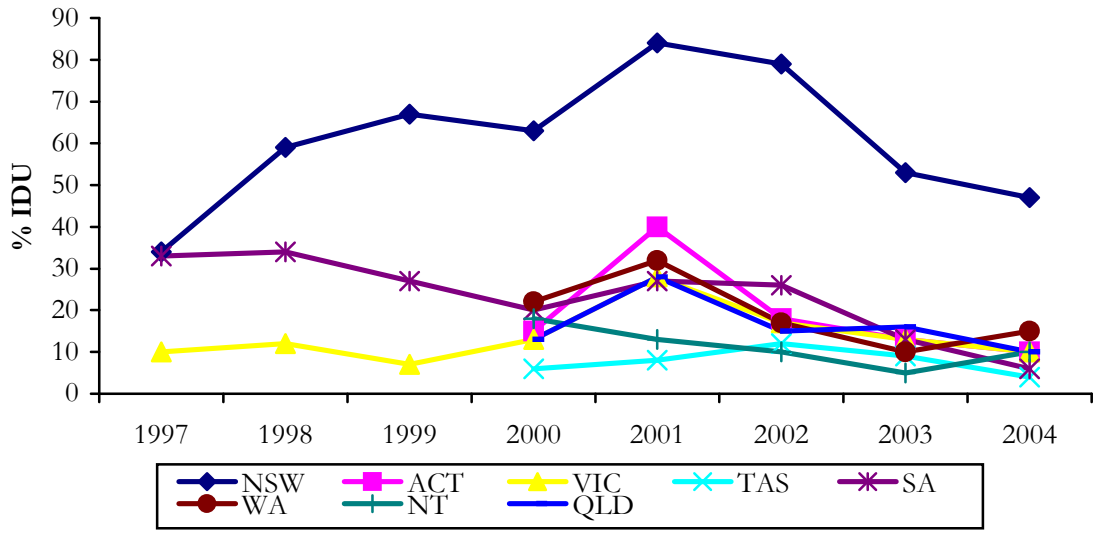
Sixteen percent of the national sample reported recent use of cocaine, the majority (73%) of whom also reported injecting it. The proportion of IDU that reported recent cocaine use has steadily decreased in the overall national sample from 35% in 2001 to 16% in 2004. The median frequency of use remained stable at four days (Figure 40). The decrease was notable in all jurisdictions except the NT and WA (Figure 41). For proportions of cocaine use by jurisdiction, see Appendix C, Table C2.

Figure 40: Proportion of IDU in national sample that reported recent cocaine use and median days they had used, 2000-2004



Source: IDRS IDU interviews

Figure 41: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000-2004

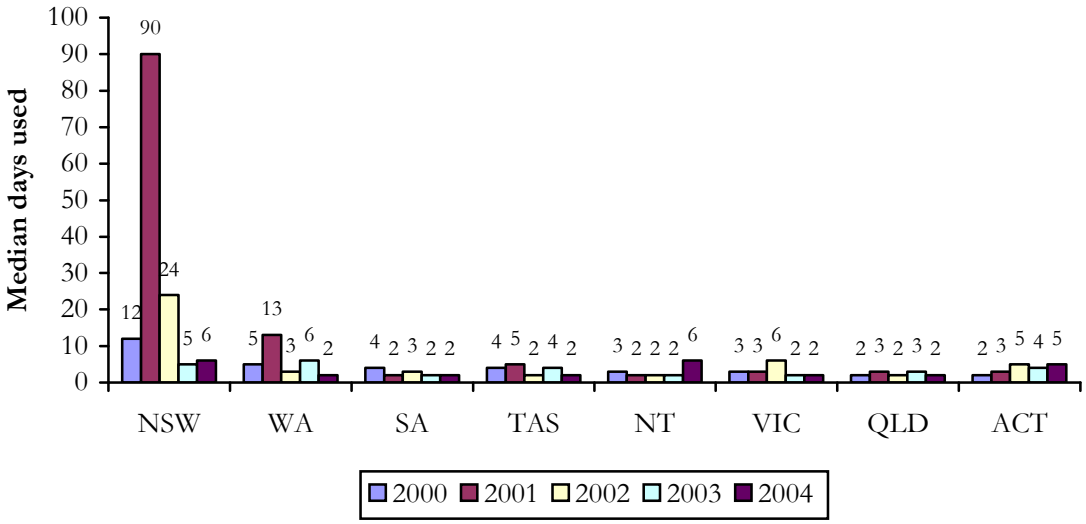


Source: IDRS IDU interviews See Appendix C, Table C2 for proportions

When examining patterns of cocaine use among IDU since 1997 in NSW it is clear that the proportion of IDU in NSW that reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and then decreased. Reports of both IDU and KEs in NSW strongly indicated that the increase in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin. In 2002, KEs reported there was less cocaine being injected by IDU, a finding that was supported by indicator data. The 2003 user and KE data from NSW suggested there was less cocaine available and use has decreased. In 2004, IDU and KE reports indicate that the availability of cocaine continues to be low and use has dropped in the majority of states

The frequency of recent cocaine use remained sporadic in all jurisdictions. In NSW since 2003 the median frequency of use has decreased to every second day in 2001 and once a week in 2002 to less than once a month in 2004 (Figure 42).

Figure 42: Frequency of cocaine use among IDU that reported using cocaine in six preceding months, by jurisdiction, 2000-2004



Source: IDRS IDU interviews

6.4.2 Crack cocaine

As in previous years small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack (freebase). Crack cocaine, a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base, is only bioavailable when smoked (Platt 1997) and of the 14 participants in the national sample that reported using crack in the preceding six months seven of them (50%) reported smoking as a route of recent administration.

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt 1997) it is possible that it could be available in Australia. Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack in Australia.

6.5 Cocaine related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2003/04 the number of cocaine arrests increased from 250 in 2002/03 to 328. The majority of these arrests (56%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW the number of arrests in 2003/04 was 185 (compared to 148 in 2002/03). In 2003/04 VIC reported 85 cocaine arrests (increased from 51 in 2002/03) while in QLD 35 reported arrests (36 in 2002/03).

6.5.2 Health

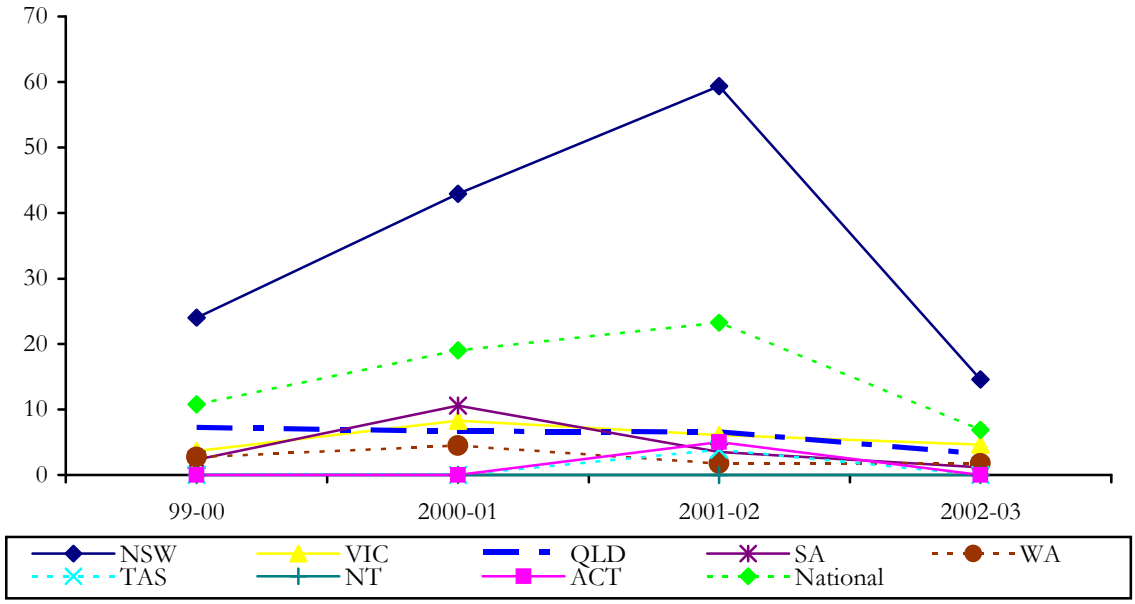
Overdose

Fifteen deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2003, all of which occurred in New South Wales (Degenhardt, Roxburgh et al. 2004). Cocaine was determined to be the underlying cause of death in one third (33%) of all cocaine related deaths in 2003 (n=5). The rate of cocaine mentions in accidental drug induced deaths per million population aged 15-54 years remained unchanged from 2003, at 1.3 per million.

Hospital admissions

Data from the NHMD, managed by the AIHW shows a gradual increase in national inpatient hospital admissions for cocaine until 2001/02, with a drop in the rate in 2002/03 (Figure 43). Since 1999/00 NSW has consistently had the highest rate of hospital admissions, reaching a peak of 59 per million population aged 15-54 in 2001/02 and continued to have the highest rate of inpatient hospital admissions for cocaine in 2002/03, followed by VIC. This is consistent with IDU survey data, with IDU in NSW reporting the highest prevalence of recent cocaine use.

Figure 43: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million persons aged 15 -54 years by jurisdiction, 1999-00 to 2000-03



Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS included admissions from an additional drug withdrawal unit

6.6 Jurisdictional trends for cocaine

6.6.1 NSW

The median price reported for a gram of cocaine reached the highest amount since 1997, increasing from $200 in 2003 to $290 in 2004. Cap prices also remain unchanged at $50. Caps continued to be the most popular purchase amount.

Sixty six percent of IDU commenting reported that cocaine was 'easy' to 'very easy' to obtain (compared to 74% in 2002 and 64% in 2003), while 28% thought it was 'difficult' (20% thought so in 2002; 26% in 2003). Approximately half (55%) thought availability remained stable while one fifth (20%) thought it had become more difficult.

The median purity of NSW Police cocaine seizures analysed remained stable and low (approximately 32%) in the preceding twelve months. The Median purity of AFP cocaine seizures was 72.3%.

NSW has the largest proportion of IDU that report recent use of cocaine. The proportion of IDU reporting cocaine use dropped slightly from 53% in 2003 to 47% in 2004 and has not returned to the 2002 levels (79%). Frequency of use remained stable.

Similar to 2003, very few KEs commented on cocaine as many reported that they had not had contact with cocaine users. Availability and use patterns generally appeared to have remained sporadic (similar to 2003). Indicator data also suggested that cocaine use had remained relatively low among the broader community.

6.6.2 The ACT

As with previous years, cocaine was not the major a drug of choice for IDU. Small numbers reported recent use of cocaine (10%), with powder cocaine the form used most often. When cocaine was reportedly used by IDU it was used infrequently.

Small numbers were able to comment on the price purity and availability of cocaine and therefore the results should be interpreted with caution. Only six participants reported on the price of cocaine, two believed it to be stable, two believed it to be fluctuating and the last two did not know. A gram of cocaine was reported to be $350 (however this was based on small numbers, n=3). There were no responses on the price of a cap.

Cocaine was considered to be 'very difficult' to 'difficult' to obtain, and the availability was reported to be stable. IDU reported the purity of cocaine to be 'low' and believed it to be decreasing. Due to the small number of cocaine seizures in the ACT the purity is difficult to determine.

6.6.3 VIC

Only small numbers (n=2) were able to comment on the price of cocaine in Melbourne. The price for a gram of cocaine decreased ($200, from $250 in 2003), however it is difficult to draw any conclusions from such a small sample. Of those who were able to comment on the availability of cocaine, half (n=1) considered it 'easy' to obtain and half (n=1) 'very difficult'. One respondent reported that the availability had remained stable in the six months preceding interview, while the other respondent thought cocaine had become more difficult to obtain.

The two participants who commented on cocaine purity reported that it was 'high' at present, with one respondent reporting that purity had been stable over the past six months, and the other that it had fluctuated. The average purity of cocaine seizures made by Victoria Police during 2003/2004 was 40% (range 26%-95%).

The use of cocaine among the IDU sample in VIC is low and infrequent. In 2004 there was a slight decrease in the proportion that reported recent use of cocaine (10%) and a decrease in the proportion that reported recent injection (2%).

As only small numbers of VIC IDRS participants were able to comment on the price, purity and availability of cocaine, trends are not clear and require further research.

6.6.4 TAS

It appears that the availability and use of cocaine in Hobart continues to be very low, at least within the populations surveyed in the current study or accessing government services. This low availability of the drug locally is supported by similar low levels of use reported in a recent sample of 100 regular ecstasy users in Hobart (Matthews and Bruno 2005). Only a very small proportion of the IDRS IDU sample reported recent use of the drug (4%), which was exclusively in powder form. By the few IDUs who could comment on trends in availability, cocaine was considered very difficult to access, a situation that was considered stable in the preceding six-month period. The cocaine that is used by Tasmanian IDU appears generally to be directly imported by consumers from dealers in mainland states or require an extended wait to access. Tasmania Police made no seizures of cocaine in 2002/03 or 2003/04, following single seizures in the preceding two financial years. These patterns of

low levels of availability and use seem to have remained reasonably stable over the past few years, with possible indications of further declining availability in recent months. However, it is noteworthy that around half of the Tasmanian IDU sample over the past three years have reported lifetime use of cocaine, an increase from patterns seen in the 2000 and 2001 surveys, and there are indications of some use among different populations of drug consumers locally (Bruno and McLean 2004; Matthews and Bruno 2005).

6.6.5 SA

Similar to 2003, only a very small number of IDU were able to supply information regarding the price, purity or availability of cocaine, which was reflective of the very low numbers of IDU that had used cocaine in the last six months (a total of 6, compared to 15 in 2003). In addition, although several KEs were able to provide some information on cocaine, this was limited and none could nominate cocaine as their main area of expertise. Consequently, the data for price, purity and availability of cocaine in 2004 is of limited value.

6.6.6 WA

There were only fifteen IDU reporting use of cocaine in the last six months. Of this number only seven IDU and no key experts were able to provide detailed information concerning the price, purity or availability of cocaine in Perth. The only two purchases of cocaine by IDU suggested a price of $350 for a half weight. Where information on purity or availability was provided, it was often seen to be conflicting. Analysis of just four seizures of cocaine by WA Police during the 2003/2004 financial year shows a median purity of three percent. It is apparent that cocaine remains scarce in Perth and its regular use amongst injecting drug users continues to be rare. Small numbers of key experts have suggested however that this situation may be beginning to change.

6.6.7 The NT

Four IDU reported buying a cap of cocaine in the six months before interview, paying a median of $60. One person bought a point for $80 and two people bought a gram for $250. There were no purchases of cocaine in 2003.

Six percent of the NT IDU sample reported cocaine as their drug of choice. Eleven people reported using cocaine in the six months prior to interview for a median of six days. Seven of the eleven had injected in the last six months. Cocaine powder was the main form reported. Only one participant reported using cocaine on the day before interview and less than one percent reported cocaine as the drug injected most often in the month prior to interview. The proportion of the IDU sample reporting cocaine use within six months of interview has declined steadily over the last four years: 18% in 2000, 13% in 2001 and 10% in 2002, 5% in 2003, however in 2004 this proportion increased to 10%.

No KEs nominated cocaine users as the group they have most contact with. However two law enforcement KEs commented that the availability of cocaine had increased recently although it was still an uncommon drug.

6.6.8 QLD

Cocaine use among IDU in QLD remains minimal with 10% (n=13) recently using cocaine in 2004 (16% in 2003), half of those injecting in the last 6 months. There were anecdotal reports of more frequent cocaine use among non-injectors.

The price of cocaine appears to be stable to increasing, with a median of $200 for a gram, although with such small numbers reporting on the price of cocaine, it can only be concluded that the price varies between $200 and $300 per gram.

Few IDU were able to report on the current purity of cocaine, and there was little agreement among IDU with regard to either purity or changes in purity. Purity of seizures fluctuates, however the number of seizures analysed decreased from 41% in 2003 to 15%.

Cocaine was considered 'difficult' or 'very difficult' to obtain and the availability stable to more difficult, despite some anecdotal evidence of increased availability and use in the ecstasy and related drugs scene. IDU typically reported obtaining cocaine from a friend.

There was little change in patterns of use among IDU, with injection and snorting as the most common routes of administration.

6.7 Summary of cocaine trends

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine.
- Cocaine was cheapest in SA ($190/gram) and prices remained stable.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW, although a fifth reported that it had become more difficult to obtain in the preceding six months. Substantial proportions of the small numbers able to comment in the other jurisdictions, reported it to be mainly 'difficult' or 'very difficult' to obtain.
- The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT. Most of the cocaine seizures were analysed in NSW, VIC and QLD in 2002/03.
- There was a slight decrease in recent cocaine use in all states except in WA and NT.
- The limited IDU and KE data on cocaine suggests that there is a limited market for cocaine among IDU accessed by the IDRS in most states. The market for cocaine appears to be smaller and less visible than the methamphetamine and heroin markets. Research with different populations is required to expand our current knowledge on cocaine markets in Australia.

7. CANNABIS

As in 2003, the distinction was made between indoor cultivated 'hydroponic' cannabis and outdoor cultivated 'bush' cannabis for price, purity and availability of cannabis in 2004. Seventy eight percent of the overall IDU sample was confident enough of their knowledge to comment on the price, potency and availability of hydroponic cannabis and 56% for bush cannabis (Table 27 & 28). The proportions across jurisdictions ranged from 74% in ACT and QLD to 86% in the TAS for hydroponic cannabis and 42% in VIC to 74% in TAS for bush cannabis. Comparable figures from 2003 are presented in Appendix D, Table D1.

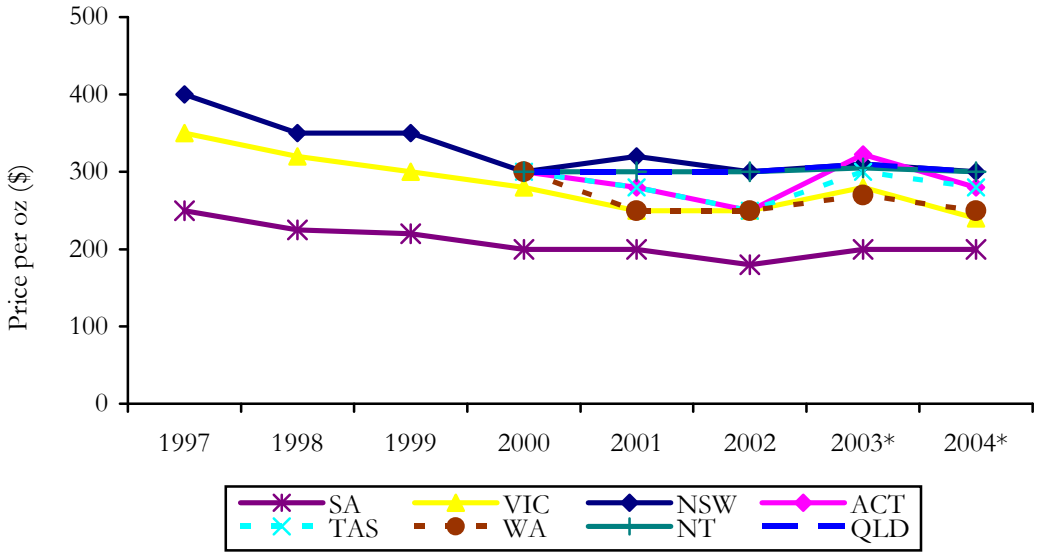
7.1 Price

Prices in Table 27 represent the median price of the last purchase made by IDU in the preceding six months. As in 2003, a differentiation was made between bush and hydroponic cannabis in 2004.

Gram prices for bush and hydroponic cannabis remained similar (Table 27), however there was a distinction between the prices of larger quantities with an ounce of hydroponic cannabis generally costing more that an ounce of bush. In 2004, an ounce of hydroponic cannabis cost between $200 (SA) and $300 in NSW, NT and QLD, and a gram cost $20 to $25, except in SA, where $25 buys two and a half grams.

Consistent with the results of the IDRS in previous years, cannabis remained cheapest in SA (Figure 44) and the price of an ounce of cannabis has gradually declined from 1997 in VIC, NSW and SA. The price has remained relatively stable (ranging from $200 - $300) in the other jurisdictions since data collection began in 2000. The majority of the national sample reported the price of hydroponic and bush cannabis as stable (72% and 61% respectively). Substantial minorities in the NT (16%) and SA (15%) reported that the price of hydroponic cannabis had increased recently.

Figure 44: Price of an ounce of cannabis by jurisdiction, 1997-2004



Source: IDRS IDU interviews
* 2003 and 2004 prices reflect prices for an ounce of hydroponic cannabis, any increase may be due to this distinction

7.2 Potency

IDU were asked 'how strong would you say cannabis is at the moment?' and whether the strength of cannabis had changed in the last six months. About half of IDU in all states responded that hydroponic cannabis potency was high (ranging from 45% in the NT to 73% in QLD and 69% in the WA) and about a quarter described it as medium (ranging from 18% in WA to 37% in NT). By contrast, nearly half reported the potency of bush cannabis as medium (ranging from 35% in SA to 57% in ACT). The majority of IDU in all jurisdictions reported that the potency of hydroponic and bush cannabis remained stable over the preceding six months (Table 27).

Table 27: Price and potency of cannabis by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Price ($) HYDRO									
per ounce	-	300	280	240	280	200	250	300	300
per gram	-	20	20	20	25	25*	25	25	25
Price ($) BUSH									
per ounce	-	175	200	180	180	180	200	200	200
per gram	-	20	20	20	25	25*	25	23	20
Price changes HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	6	5	1	7	9	13	5	6	4
Increased	9	5	7	3	9	15	13	16	11
Stable	72	80	76	74	69	62	69	71	73
Decreased	7	7	8	9	7	5	10	1	8
Fluctuated	5	2	8	6	6	5	3	6	4
BUSH									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	20	25	7	32	7	23	23	19	18
Increased	5	0	7	2	1	15	2	2	10
Stable	61	67	70	49	69	58	58	64	52
Decreased	9	5	7	11	18	1	13	4	13
Fluctuated	6	3	9	6	5	3	5	12	6
HYDRO Potency									
(% who commented)	N=743	n=131	n=74	n=117	n=86	n=79	n=78	n=83	n=95
High	60	62	60	60	59	51	69	45	73
Medium	26	26	30	28	21	27	18	37	21
Low	3	3	4	2	5	6	1	2	1
Potency changes									
Stable	62	68	62	62	45	63	64	63	67
BUSH Potency									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
High	19	20	21	13	3	44	22	15	16
Medium	45	43	57	44	45	33	45	50	46
Low	15	17	13	11	24	6	9	17	18
Potency changes									
Stable	55	54	61	52	47	65	47	64	55

Source: IDRS IDU interviews

* a 'bag' of approximately 2.5 grams of cannabis

7.3 Availability

As in previous years, cannabis (hydroponic and bush) was described as 'very easy' or 'easy' to obtain by the vast majority of participants in all jurisdictions, and the majority of those IDU who commented perceived the availability of hydroponic and bush cannabis to be stable over the six months preceding the interview (Table 28). Substantial proportions in TAS reported that hydroponic and bush cannabis had become easier to obtain over the last six months (22% and 20% respectively).

As in previous years, most IDU purchased hydroponic and bush cannabis from a friend or at a dealer's home. In NSW, again in 2004 nearly a third of IDU had purchased hydroponic cannabis from a street dealer, 13% in QLD and 11% in the ACT also reported a street dealer as their last purchase source, indicating the presence of street based cannabis markets. The dealer's home was the second most common way for participants to score their hydroponic cannabis in all jurisdictions except NSW. Bush cannabis was mainly scored through friends (46%, ranging from 65% in the NT to 21% in NSW), followed by the dealers home (17%).

In 2004, 6% of IDU in the national sample (1% QLD to 16% in SA) reported growing their own cannabis. Although the majority of IDU reported recent use of cannabis, very few consider cannabis their primary drug of choice, and this in itself may account for the low proportions that reported growing their own cannabis. It may be that among a population of primary cannabis users, a higher proportion would grow their own cannabis than was reported among the IDU interviewed for the present study, for whom cannabis is one in a range of drugs used in conjunction with their primary drug(s) of choice.

IDU were also asked where they thought the cannabis they had last used was sourced (produced) from (Table 28). In the overall national sample, 28% reported that they did not know, 43% that the cannabis came from a small time 'backyard' user/grower as opposed to a large scale cultivator or supplier (22%), such as a bikie gang or organised crime syndicate. In all jurisdictions substantial proportions were uncertain as to where the cannabis was originally sourced (10% in WA to 49% in the NSW). There was some variation across jurisdiction with over half in WA (56%), NT (54%) and nearly half in ACT (49%), TAS (49%) and in SA (48%) reporting that the cannabis they had last used was from a small time supplier, while in VIC (33%), QLD (28%) and WA (28%) IDU reported that their cannabis was sourced from a large-scale cultivator. The majority of IDU in all jurisdictions were 'very sure' (71%) of their answers.

Table 28: Availability of cannabis by jurisdiction, 2004

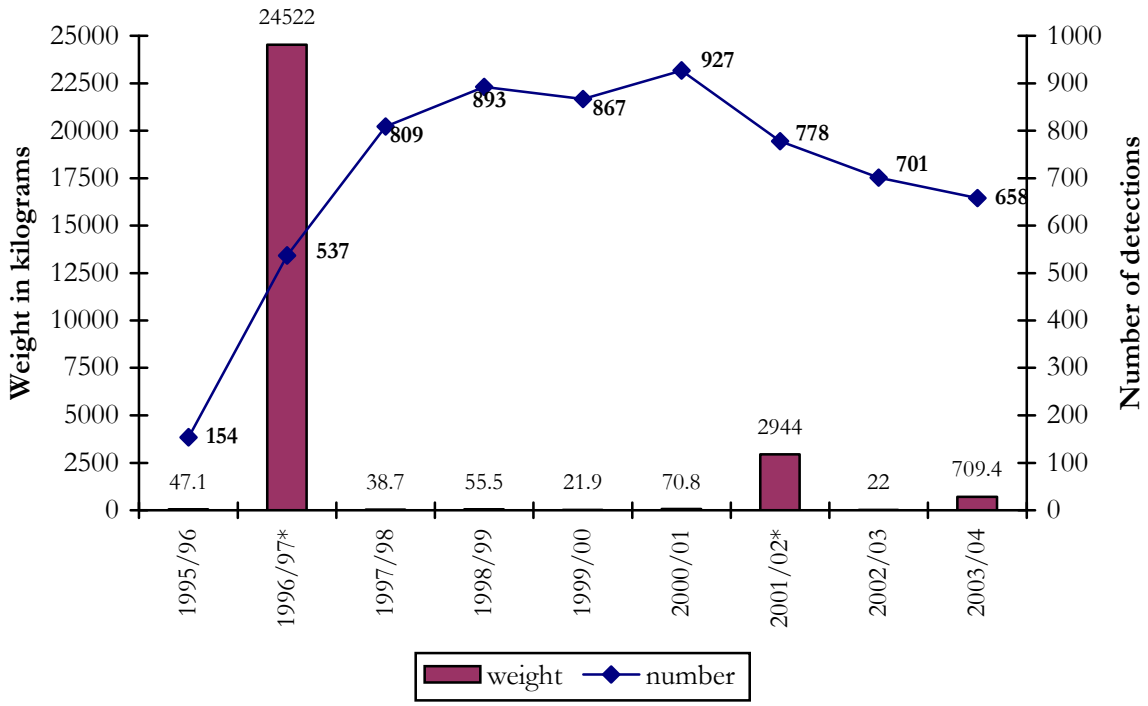
	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Availability									
HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	3	2	0	2	4	8	5	2	1
Very easy	55	67	55	56	61	43	55	51	46
Easy	34	28	39	34	29	34	32	40	41
Difficult	8	3	5	8	7	13	8	7	12
Very difficult	1	0	0	0	0	3	0	0	0
BUSH									
(% who commented)	N=534	n=89	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	14	20	5	30	4	13	22	6	10
Very easy	30	30	30	21	54	32	28	19	18
Easy	37	24	41	27	35	36	36	64	46
Difficult	17	25	23	17	7	15	11	12	21
Very difficult	2	1	0	5	0	4	3	0	5
Availability changes									
HYDRO									
(% who commented)	N=744	n=132	n=74	n=117	n=86	n=79	n=78	n=83	n=95
Don't know	4	4	0	3	5	8	5	5	1
More difficult	9	2	10	9	6	15	10	11	14
Stable	74	91	76	81	61	61	69	74	67
Easier	9	2	11	6	22	9	6	6	14
Fluctuates	4	1	4	1	7	8	9	5	4
BUSH									
(% who commented)	N=533	n=88	n=56	n=63	n=74	n=69	n=64	n=52	n=67
Don't know	16	23	4	32	5	16	23	12	12
More difficult	12	14	14	13	7	16	9	4	19
Stable	60	63	82	52	61	57	50	71	52
Easier	7	0	0	3	20	4	6	8	13
Fluctuates	4	1	0	0	7	7	11	6	3
Place usually score									
HYDRO	N=737	n=130	n=73	n=117	n=86	n=76	n=78	n=82	n=95
Don't use	4	12	3	3	2	1	5	4	0
Street dealer	12	30	11	10	1	4	9	9	13
Dealer's home	30	15	52	25	41	18	21	34	40
Friend #	39	20	29	43	51	54	54	38	33
BUSH	N=527	n=90	n=54	n=62	n=76	n=63	n=64	n=52	n=66
Don't use	12	27	0	29	4	3	14	2	6
Street dealer	11	26	19	7	1	6	6	6	15
Dealer's home	17	4	32	8	30	14	13	19	23
Friend #	46	21	37	42	54	57	58	65	44
Production source	N=641	n=115	n=57	n=100	n=84	n=69	n=68	n=72	n=76
Don't know	28	49	26	23	14	26	10	38	30
Small-time/ backyard	43	26	49	40	49	48	56	54	37
Large scale cultivator	22	22	18	33	27	10	28	6	28

Source: IDRS IDU interviews
#includes gift from friend

Cannabis seized at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is probably locally produced. However, there are also numerous cannabis detections by Customs each year. The seizures at the border are typically small amounts in parcels arriving by mail or found on passengers.

Figure 45: Weight and number of detections of cannabis made at the border by the Australian Customs Service, 1995/96 - 2003/04



Source: Australian Customs Service

In 2003/02 there was a similar number of cannabis detections as the previous year, however the weight increased from 22kg in 2002/03 to 709kg in 2003/04. Overall the total yearly weight of seizures has been less than 75kg, with the exception of 1996/97 and 2001/02 when 24522kg and 2944kg were seized, respectively. The majority of the weight in 2001/02 (2932kg) came from a single large seizure from Afghanistan. The overall number of cannabis detections per financial year has been over 600 since 1997/98 (Figure 45).

7.4 Use

7.4.1 Cannabis use among IDU

The majority of cannabis smoked among IDU is hydroponically grown 'head' (the flowering tops of *cannabis sativa*); cannabis leaf is available but it is not as sought after. In all jursidictions, hydroponic cannabis was reported by the majority of respondents as the form they had used most in the preceding six months.

High rates of the use of outdoor crop cannabis (bush) were reported in all jurisdictions, with between 46% (VIC) and 80% (TAS) of IDU in all jurisdictions reporting the use of outdoor cannabis in the six months preceding the interview (see Table 12 - forms most used).

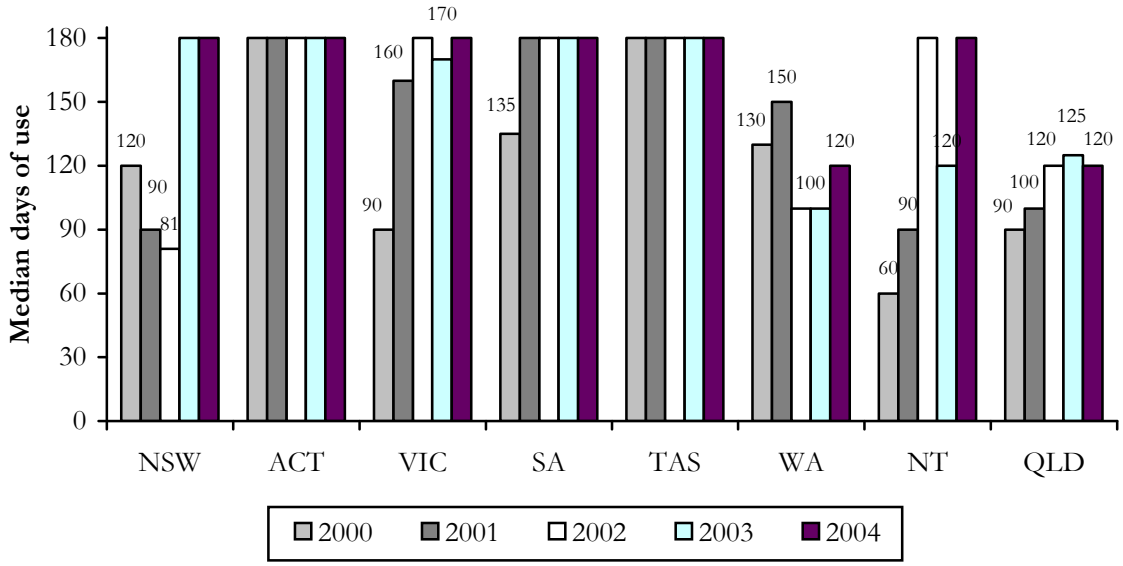
Small minoirties in all states reported recent use of hash and hash oil. Consistent with previous years, the prevalence of recent hash use among IDU was highest in WA (27%) and lowest in NSW (6%). The proportion of IDU reporting recent use of hash oil was lowest in VIC (4%), NSW, ACT and the NT (all 5%) and highest in WA (15%).

7.4.2 Current patterns of cannabis use

Eighty two percent of the national sample reported they had used cannabis in the six months prior to interview (see Table 11 – drug use history). The vast majority of IDU in all jurisdictions reported recent cannabis use, ranging from 75% in the NT and QLD to 97% in WA.

The median number of days that IDU reported using cannabis varied across jurisdictions and, in some cases, within jurisdictions over time (Figure 46). The frequency of cannabis use was daily in all jurisdictions except WA and QLD (120 days). The NT had the greatest increase, from 120 days in 2003 to 180 days in 2004.

Figure 46: Frequency of recent cannabis use among IDU who reported cannabis use of in the six months preceding interview, 2000-2004



Source: IDRS IDU interviews

Frequency of cannabis use among a population such as IDU, few of whom nominate cannabis as their drug of choice, may be related to the availability and cost of their drug(s) of choice, as much as the availability and cost of cannabis itself. Extrapolating from the patterns of use of cannabis among IDU to the entire population of cannabis smokers is problematic, and should not be considered a valid basis for policy decisions.

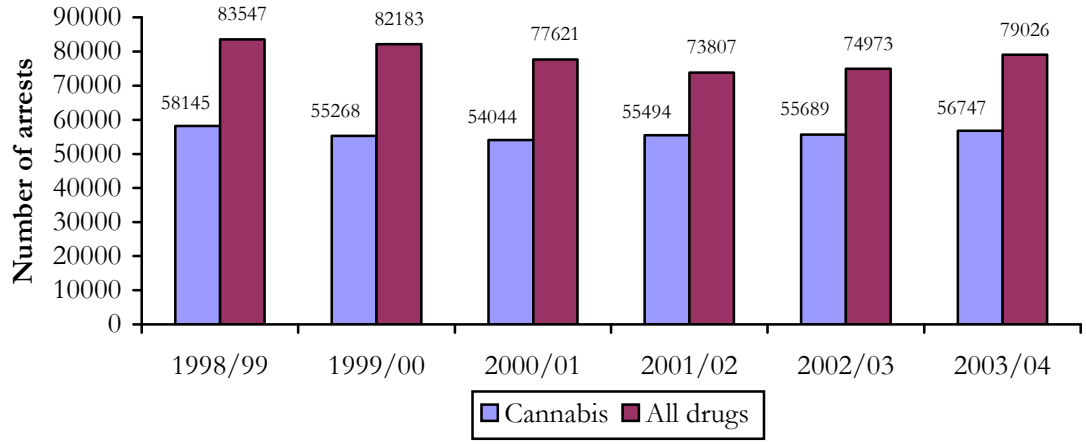
KEs reported that cannabis was sometimes used to cope with drug withdrawal or to ease the comedown from a stimulant binge.

7.5 Cannabis related harms

7.5.1 Law enforcement

Cannabis arrests make up the majority of consumer and provider arrests (Figure 47). In 2003/04, cannabis consumer and provider arrests accounted for 72% of all drug arrests. QLD reported the largest number of cannabis arrests increasing from 19,879 in 2002/03 to 22,065 arrests. The figure decreased in NSW from 12368 in 2002/03 to 11054 and in VIC increased from 7,022 in 2002/03 to 7620 in 2003/04.

Figure 47: Number of cannabis and all drug consumer and provider arrests, 1998/99-2003/04



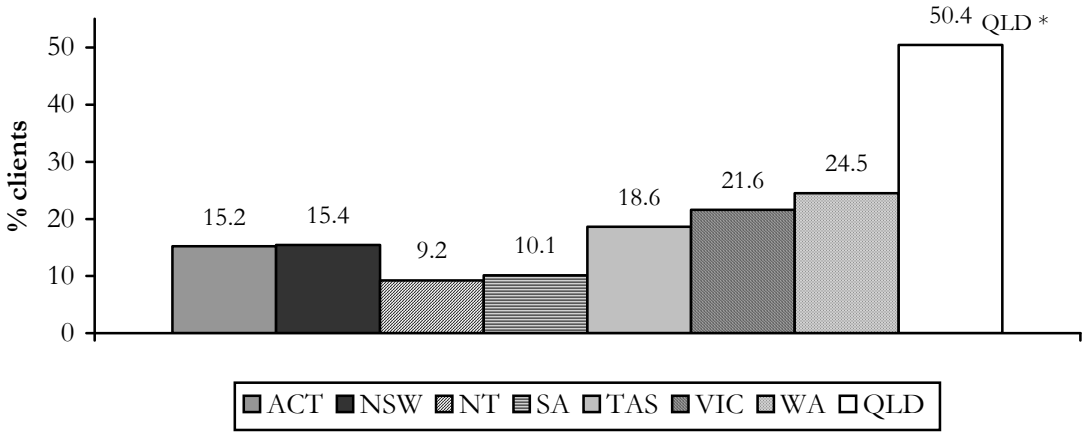
Source: ACC, 2003 & 2004

7.5.2 Health

Treatment

Data from the AODTS-NMDS indicate that in 2002/03 (excluding QLD*), WA had the highest proportion of closed treatment episodes for clients who identified cannabis as their principle drug of concern (25%) followed closely by VIC (22%, Figure 48) (Australian Institute of Health and Welfare 2004). However, IDRS data shows that TAS reports the highest proportion of IDU reporting recent use of cannabis.

Figure 48: Proportion of closed treatment episodes for clients who identified cannabis as their principle drug of concern (excluding pharmacotherapy) by jurisdiction, 2002-03*



Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)

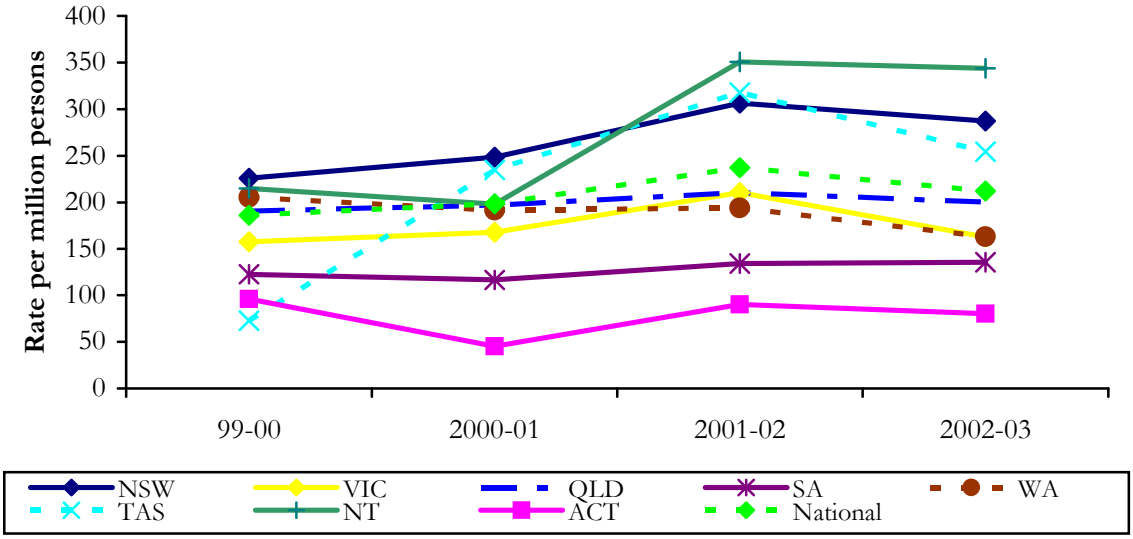
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

In QLD a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principle drug is not cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

Hospital admissions

Data from the NHMD, managed by the AIHW shows the rate of inpatient hospital admissions for cannabis until 2002/03. The data show a relatively stable rate of hospital separations where cannabis was the principal diagnosis, with the exception of NT, NSW and TAS, where the rate increased until 2001/02 and dropped or stabilised in 2002/03 (Figure 49). The NT reported the highest rate of inpatient hospital admission for cannabis which is consistent with IDU survey data (where the NT reported one of the highest rates of cannabis use).

Figure 49: Rate of inpatient hospital admissions where cannabis was the principal diagnosis per million persons aged 15 -54 years by jurisdiction, 1999-00 to 2000-03



Source: Australian Institute of Health and Welfare (AIHW)**,** ACT, NSW, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

7.6 Jurisdictional trends for cannabis

7.6.1 NSW

The median price paid for a gram of indoor-cultivated cannabis (hydroponic or hydro) and a gram of outdoor-cultivated cannabis (bush) was $20, the same as in previous years. The median price reported for an ounce of hydroponic was $300, while for bush it was $175. The median price reported for an ounce in 2002 was $300 and $310 in 2003 however no distinction was made in 2002 between hydroponic and bush so comparisons should be made with caution.

Hydroponic remained readily available with the overwhelming majority 95% reporting it was 'easy' to 'very easy' to obtain, and 91% reporting availability was stable. Bush was also reported (54%) to be 'easy' to 'very easy' to obtain, with 25% reporting it as 'difficult' and 63% reporting availability was stable.

The potency of hydroponic was reported as 'high' by 62% of the participants compared to 57% in 2003 and 78% in 2002. Bush was reported to be 'medium' by less than half (43%) of the sample.

Consistent with previous years the majority (79%) of IDU reported cannabis use in NSW. The frequency of use remained stable at 180 days in 2004.

KE comments on the availability, price and use of cannabis were consistent with those of IDU, with the majority reporting that it was readily available.

7.6.2 The ACT

The price remained the same as the previous two years for both a gram of outdoor-cultivated cannabis (bush) and a gram of indoor-cultivated cannabis (hydro) at $20. It appears, however, that when larger quantities of cannabis are purchased (such as an ounce), the more potent form of cannabis (hydroponic) is more expensive at $280 an ounce than bush at $200 an ounce.

Cannabis remained 'easy' to 'very easy' to obtain in the ACT and the potency of cannabis was reported by IDU to be medium to high.

Fifty two percent of hydroponic respondents and 32% of bush respondents usually purchased from a dealers' home. Around a third (29% hydro, 37% bush) for both forms usually purchased cannabis from a friend. Forty nine percent reported they thought that the cannabis they had used was from a small time backyard grower and 18% thought that it had come from a larger scale cultivator.

7.6.3 VIC

In 2004 a gram of both hydroponic and bush cannabis remained stable at $20 in VIC, while the median price per ounce decreased slightly (hydro $240; bush $180).

Hydroponic cannabis remained readily available and stable in VIC, with 90% reporting availability as 'easy' or 'very easy'. The majority (48%) reported bush cannabis as 'easy' or 'very easy' to obtain at present, however 17% also reported that it was 'difficult', and 30% did not know.

In terms of prevalence of use, cannabis was the second most widely used illicit drug by the 2004 VIC IDU sample, and the most frequently used illicit drug in terms of number of days. Frequency of use increased slightly from previous years with a median of 180 days (daily) use during the last six months. As with last years report, key experts who reported cannabis use within their client groups believed that most of their clients used cannabis, with differing patterns of use.

Cannabis was commonly accessed through social networks, with 43% (hydro) and 42% (bush) reporting that they usually sourced cannabis through a friend. Forty percent reported that the cannabis they had used on the most recent occasion was from a small time backyard grower, and 33% reported they believed that it had come from a larger scale cultivator.

The potency of hydroponic cannabis was described as high (60%) to medium (28%), while the potency of bush cannabis was generally rated at medium (44%).

7.6.4 TAS

The price of bush and hydroponic cannabis has remained stable since the 2000 survey at $25 per gram. Bush/outdoor cultivated cannabis was generally cheaper at median prices of $180 an ounce (28g), compared to hydroponic/indoor cultivated cannabis at $280 an ounce (modal purchase prices were less diverse, at $200 per ounce of outdoor- and $250 per ounce

of indoor/hydroponic- cultivated cannabis). Both key experts and IDU consumers reported that these prices had remained reasonably stable in the preceding six months, however modal purchase prices of outdoor cannabis had increased, and prices of indoor cannabis decreased in comparison to the 2003 survey ($150 for outdoor and $300 for indoor respectively). IDU consumers described the potency of outdoor- cultivated cannabis as medium to low, with this level of potency variable or generally stable in the preceding six months. Indoor/hydroponic cultivated cannabis was regarded as medium to high in potency by consumers, with this level of potency regarded as stable or increasing in recent months.

Hydroponically-cultivated cannabis head remains the form most commonly smoked by IDU, (69% of those who used cannabis), although substantial proportions also reported using both hydroponically-grown (84%) and outdoor cannabis (80%) in the preceding six months. Both indoor- and outdoor- cultivated cannabis was reported as 'easy' to 'very easy' to obtain by consumers and key experts, with this availability regarded as remaining stable in recent months. However, there are indications that the availability of cannabis has possibly reduced in comparison to the situation identified in the 2003 survey, following large seizures by Tasmania Police in late 2003 and early 2004. Intelligence reports from Tasmania Police in recent years have indicated an increasing trend toward hydroponic or indoor cultivation of the drug, and smaller sizes of those crops grown outdoors.

Cannabis remains the most widely used illicit drug both in the IDU sample and the state, however there is an indication of decreasing prevalence of use of cannabis in recent years in the State from two large studies (the 2001 National Drug Strategy Household Survey and the 2002 Australian Secondary Students' Alcohol and Drugs Survey), along with a slowly decreasing prevalence in the local IDRS IDU samples (90% in 2000, 84% in 2004).

7.6.5 SA

Overall, there had been little, if any, change in cannabis market indicators since 2003.

The median price paid for either a 'bag' or an ounce of cannabis has been stable for a number of years, with little difference in price between the hydro and bush/outdoor types ($200 or $180 per ounce, respectively). The majority of IDU reported that the price of cannabis had remained stable in the past six months. The majority of the SA IDU perceived hydro or bush cannabis as 'very easy' or 'easy' to obtain and around two-thirds reported that availability had been stable in the previous six months. The majority reported scoring the cannabis they had used last from a friend and that the source had been a small-time 'backyard' user/grower. Eighty-five percent or more also perceived the potency of either hydro or bush as high or medium, and over two-thirds reported that the potency had been stable recently.

The proportion of IDU reporting recent use, and the frequency of use, of cannabis remained high, with the majority reporting mainly using hydro cannabis in the six months prior to interview. KEs reported no changes in any parameter of the cannabis market, or use of cannabis among IDU, in 2004 compared to 2003.

7.6.6 WA

The price of hydroponic cannabis was found to be to have fallen somewhat from $270 an ounce of hydros to a median price of $250. In the case of "bush" or naturally grown cannabis the price of an ounce remained unchanged at$200. Median prices of a gram (or "bag" or "foil") remained stable at $25 regardless of the type of cannabis involved.

The drug was almost invariably reported as being "easy" or "very easy" to obtain, a situation that has remained unchanged in the last year. Similarly, the strength of hydroponic cannabis was reported by IDU as being high and bush cannabis as medium. Both reported the availability as stable.

Use of cannabis was widespread with 84% of the IDU sample reporting recent use of the drug and 35% (i.e.: 42% of recent cannabis users) consuming it on a daily basis. Hydroponically cultivated cannabis and bush were the predominant types with forms of hashish being relatively uncommon.

7.6.7 The NT

Cannabis price, potency and availability have been stable in the NT with a gram of hydroponic cannabis costing $25 and bush cannabis costing $23 per gram. An ounce of hydroponic cannabis was $300 and the cost of bush cannabis was $200. Cannabis remains 'easy' to obtain and the majority of IDU described the potency as medium to high.

Until 2003 cannabis was consistently the illicit drug used by the greatest proportion of the IDU sample. In 2004 the proportion using cannabis in the NT dropped and morphine became the most reported recent use illicit drug.

The number of separations from NT hospitals involving cannabinoid's increased has fluctuated between 1999/00 and 2002/03 (the most recent year where data is available) at around 200 per year, apart from a low number on 2000/01 of 148. As in 2003, some KE reported increasing use of cannabis by young people at school, although generally in a context of longer term change.

7.6.8 QLD

The cannabis market in QLD continued to be distinguished by its stability over time, with cannabis used by the vast majority of IDU. Three quarters of IDU mainly used hydroponic cannabis, although the majority also used bush occasionally.

Price was reported as stable and higher for hydroponic cannabis ($300/ounce) than for 'bush' cannabis ($200/ounce).

Cannabis was 'easy' to 'very easy' to obtain and stable to obtain in the last six months. Cannabis was typically sourced from a friend or a dealer's home. IDU reported that they thought the usual production source to be a large scale cultivator (28%) or a small time 'back yard' grower (37%). The proportion of IDU reporting sourcing cannabis from a 'back yard' grower has increased since 2002.

The potency of cannabis was perceived to be medium to high and stable. There were anecdotal reports of some users finding the potency of hydroponic cannabis too high.

There has been a consistent growth in the number of Police diversions for cannabis possession in Queensland since June 2001.

7.7 Summary of cannabis trends

- Hydroponic cannabis remained cheapest in SA and bush cannabis in NSW. The majority of IDU in all jurisdictions reported that the price had remained stable in the six months preceding interview.
- Hydroponic cannabis was generally more expensive than bush or outdoor cannabis.
- Hydroponic and bush cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU and the availability was stable.
- IDU in all jurisdictions perceived the potency of hydroponic cannabis as 'high' and bush cannabis is 'medium'. The potency for both forms remained stable over the last six months.
- The majority of IDU reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Hydroponic cannabis continued to dominate the market although the use bush cannabis was also common.

8. OPIOIDS

8.1 Use of illicit methadone

Methadone is prescribed for the treatment of opioid dependence. Methadone is usually prescribed as a syrup preparation and is often dosed under supervised conditions. Take away doses are obtained for some patients depending on various state regulations. Physeptone® tablets are less commonly prescribed in Australia, usually for people in methadone treatment that are travelling or in a minority of cases where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone® was defined as use of medication that was not obtained on a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

Twenty five percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview (see Table 11 – drug use history). Illicit methadone syrup was the form of methadone most used by 27% (20% in 2003) of those that reported methadone use. In 2004 the range increased from 21% in NSW and SA to 40% in the ACT compared to 2003 where the range was from 2% in the NT to 30% in QLD and 31% in the ACT (See Table 12 – forms most used).

Twelve percent of the national sample reported recent use of illicit Physeptone® (see Table 11 – drug use history). Illicitly obtained Physeptone® tablets were reported as the form of methadone most used by 7% (13% in 2003) of those that used Physeptone®. There were substantial jurisdictional differences ranging from no reports in NSW, ACT and SA to 38% (48% in 2003) in the NT (see Table 12 – forms most used).

Twenty nine percent of the national sample was able to answer about the price or availability of illicit methadone syrup (this increased from 19% in 2003). Among those who commented on availability, 46% reported that it was 'easy' to obtain methadone and 18% reported that it was 'very easy'. About a quarter reported it was 'difficult' (24%) or 'very difficult' (2%). The majority (61%) reported that availability had remained stable in the six months preceding interview, although 13% reported that it had become more difficult.

Of those that bought illicit methadone syrup, the majority 89% (77% in 2003) reported that the source was a take away dose. Two percent reported that it was a daily dose intended to be swallowed. Although only small numbers reported this practice, there are additional harms due to the methadone dose having been in someone's mouth, including the introduction of bacteria and the increased potential for infection.

One hundred and sixty six participants (18% of the national sample) commented on the price of a millilitre (1ml) of methadone, most commonly (46%) purchasing it for $1 per ml of syrup. Thirty five percent purchased it for 50 cents per ml.

Only small proportions (9%) were able to answer about the price or availability of illicit Physeptone® tablets. Five participants reported paying either $5 or $10 for 5mg tablets. Ten mg tablets ranged from $5 to $25 with forty eight participants reporting $10, eight participants reporting $5 and seven reporting $15 per 10mg tablet.

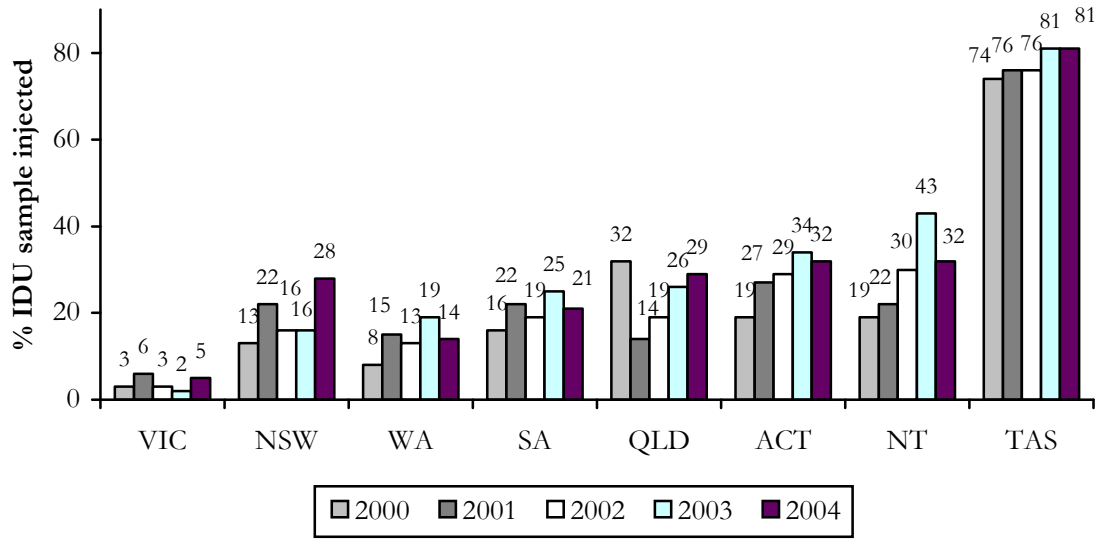
8.1.1 Methadone Injection

Half of the national sample reported recent use of methadone, and of those that reported recent use over half (59%) reported recent injection. As in 2003, the proportions of IDU who reported having injected methadone in the preceding six months continued to be lowest in VIC (5%, 2% in 2003) and highest in TAS (81%, 81% in 2003) (Figure 50). The high rate of methadone injection reported in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has consistently been reported. This is a cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke, Ross et al. 1996). The misuse of methadone is risky due to its unique pharmacological characteristics. It builds slowly to peak blood levels and has a long half-life, which leads to accumulation in the body that can result in toxic levels if not used and monitored appropriately.

IDU survey data suggests that there was significantly more recent methadone use in TAS (84% vs. 46; OR 6.3; 95% CI 3.6, 10.9) and NSW (69% vs. 46; OR 2.6; 95% CI 1.8, 3.8) samples than in other jurisdictions. TAS (54% vs. 27%; OR 3.2; 95% CI 2.1, 4.9) and NSW (50% vs. 26%; OR 2.9; 95% CI 2.0, 4.1) had significantly more IDU participants who were currently in methadone maintenance treatment compared to the other jurisdictions. VIC and the NT had fewer participants in methadone treatment compared to the other jurisdictions.

Significantly higher proportions of IDU in TAS than in all other jurisdictions had injected methadone (syrup or tablets) in the preceding six months (81% vs. 23%; OR 14.4; 95% CI 8.5, 24.3) and more IDU in TAS nominated methadone as their drug of choice (16% in TAS compared to 3% or less in other jurisdictions). Higher proportions of IDU in TAS reported methadone as the drug they had last injected (42% in TAS compared to 9% or less in other jurisdictions), and as the drug they had injected most often in the preceding month (48% in TAS compared to 6% or less in other jurisdictions, See Table 9 – drug use patterns).

Figure 50: Proportion of IDU samples that reported injecting methadone in preceding six months, by jurisdiction, 2000-2004



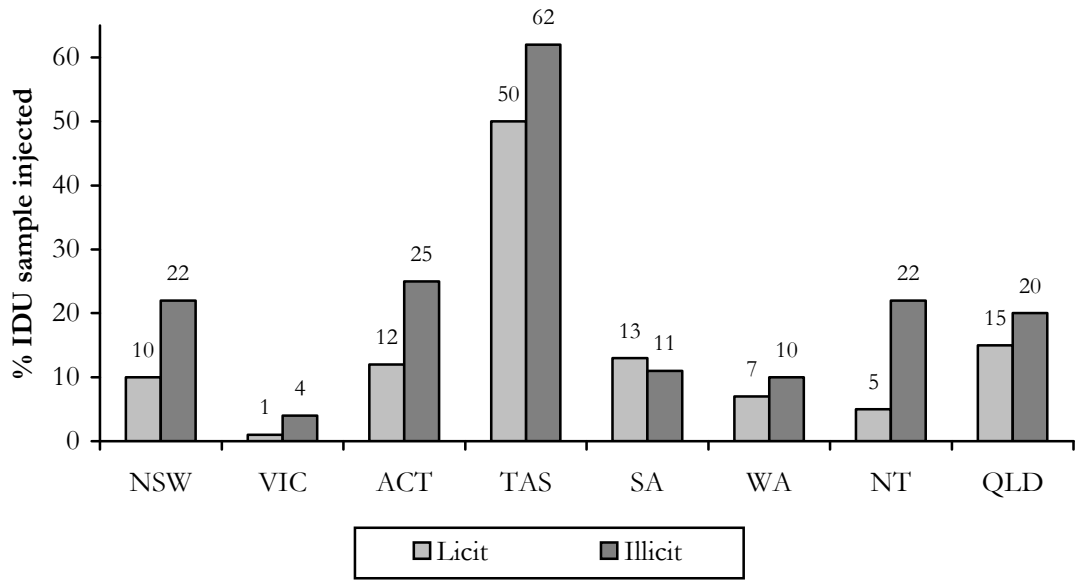
Source: IDRS IDU interviews * 2003and 2004 includes – licit and illicit methadone and physeptone

In the NT, the other jurisdiction in which heroin is not widely used, the proportion of IDU that reported the recent injection of methadone gradually increased from 19% in 2000 to 43% in 2003 and decreased to 32% in 2004. Methadone injection was also an issue in the ACT, with a gradual increase in the proportion reporting methadone injection in the six months preceding interview, from 19% in 2000 to 34% in 2003 and a slight decrease in 2004 (29%).

In 2004 data was collected on methods of administration and days used for both licit and illicit methadone syrup and licit and illicit Physeptone® tablets.

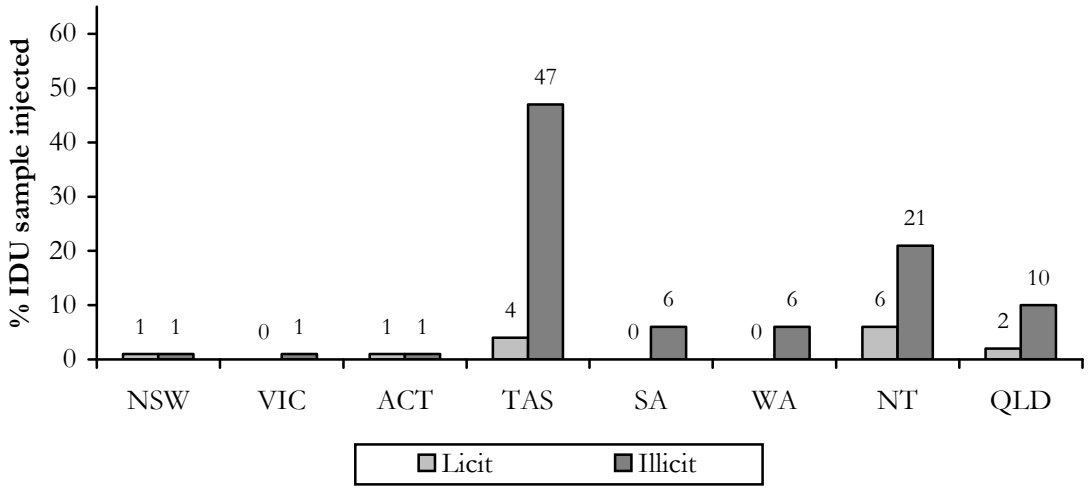
SA was the only jurisdiction in which higher proportions of IDU reported the injection of licit methadone syrup, rather than illicitly obtained methadone (Figure 51). Greater proportions in all states (except NSW and ACT) reported injection of illicit Physeptone® (range from 47% in TAS to 0% in VIC, SA and WA), while 6% or less had injected licitly obtained Physeptone® tablets (Figure 52).

Figure 51: Proportion of IDU samples that reported injecting licit and illicit methadone syrup by jurisdiction in 2004



Source: IDRS IDU interviews

Figure 52: Proportion of IDU samples that reported injecting licit and illicit Physeptone® tablets by jurisdiction in 2004



Source: IDRS IDU interviews

Among those that reported injecting licit methadone syrup, the median days injected increased dramactially from 27 days in 2003 to 48 days in 2004 (ranging from having injected once to daily injection by six participants). There was substantial variation across jurisdictions with the greatest frequency in NT who had a total of six responses, half (n=3) of these injecting daily (Table 29).

Illicit methadone was injected on a median of 5 days, ranging from having injected once in the preceding six months to daily injection (by three participants, Table 32).

Licit Physeptone® was injected on a median of 39 days, (an increase from 22 days in 2003) ranging from once to daily injection by three participants. Illicit Physeptone® was injected on a median of 6 days, ranging from once to daily injection (four participants, Table 29).

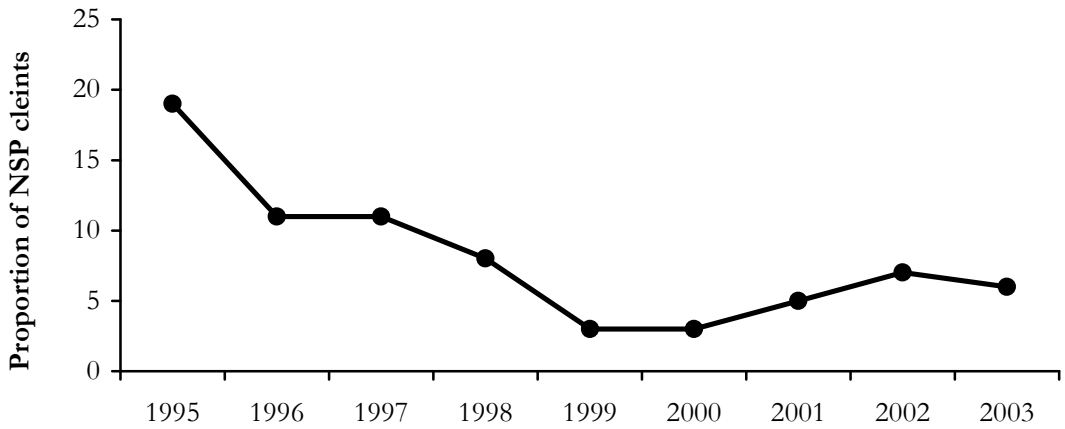
Table 29: Median days injected licit and illicit methadone and Physeptone®, among those that injected, by jurisdiction, 2004

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit Methadone	48	10	21	1.5	48	24	20	93	37
Illicit methadone	5	5	1	6	16	3	3.5	5	2
Licit Physeptone	39	25	6*	0	38	0	0	55	10*
Illicit Physeptone	6	2*	1*	7	6	4.5	8	5	5

Source: IDRS IDU interviews
* only one participant reported injecting

Despite the high rates of methadone injection in TAS and the NT, the Annual NSP Surveys (National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004) have shown that, overall, methadone injection decreased markedly between 1995 and 2000 among clients of NSPs throughout Australia, from 19% to 3% with a slight increase to 7% reported in 2002 and slight decline to 6% in 2003 (Figure 53). The decrease between 1995 to 2000 can be attributed mainly to decreases in the rates in NSW. The increase reported in the 2001 Annual NSP survey was expected as there was an increase recorded by the IDRS in methadone injecting in NSW in 2001 (Topp, Kaye et al. 2002). There has also been a high concordance between the IDRS and the Annual NSP Surveys in the past (MacDonald, Robotin et al. 2001; MacDonald, Zhou et al. 2002; MacDonald, Zhou et al. 2003; National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004). The TAS rates reported in the NSP survey have been consistently higher than the overall national figures, with 32% reporting methadone as the last drug injected in 2003, although it should be noted that the TAS sample size has been relatively small (n<30 since 1999) with the largest sample surveyed in 2002 (n=151) and in 2003 (n=118).

Figure 53: Methadone as last injection among clients of NSPs, Australia 1995-2003

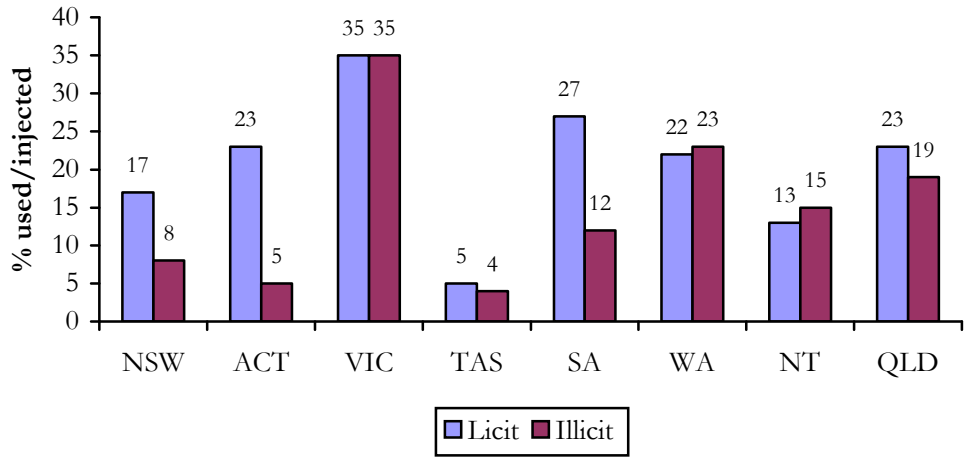


Source: Australian NSP Survey (NCHECR, 2004)

8.2 Use of illicit buprenorphine

Twenty one percent of the national sample reported use of licit buprenorphine in the six months preceding interview. Sixteen percent reported use of illicit buprenorphine (see Table 11 – drug use history). There is variation between jurisdictions in the proportion of IDU that reported recent use of buprenorphine, with the largest use of both forms in VIC (Figure 54).

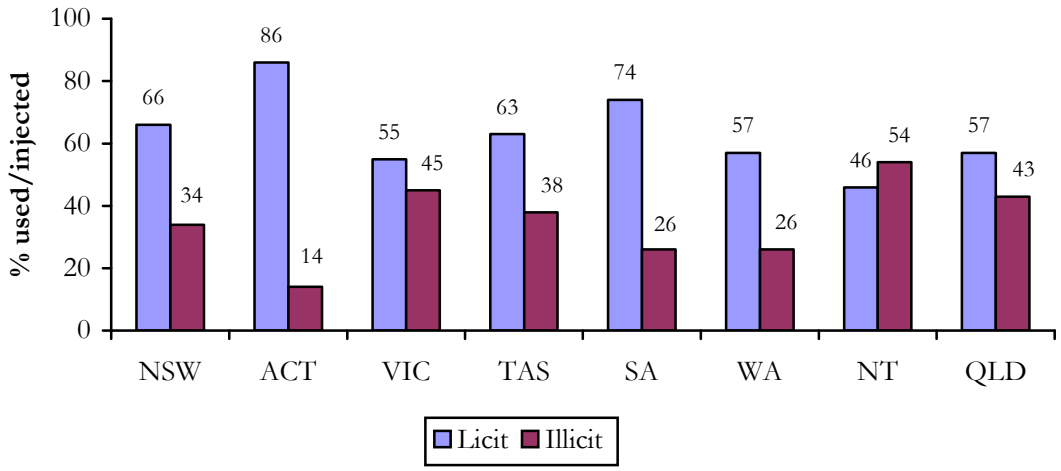
Figure 54: Proportion of IDU that reported recent use of licit and illicit buprenorphine, by jurisdiction, 2004



Source: IDRS IDU interviews

The majority (61%) reported licit buprenorphine was the form of buprenorphine they had used most recently, however that leaves over a third who mostly used illicit buprenorphine. In the NT, illicit buprenorphine use was more commonly used than licitly obtained buprenorphine. Small numbers in ACT reported recent illicit buprenorphine use and the ACT reported the greatest use of licit buprenorphine (Figure 55).

Figure 55: Most used form of buprenorphine among those that reported recent buprenorphine use, by jurisdiction, 2004

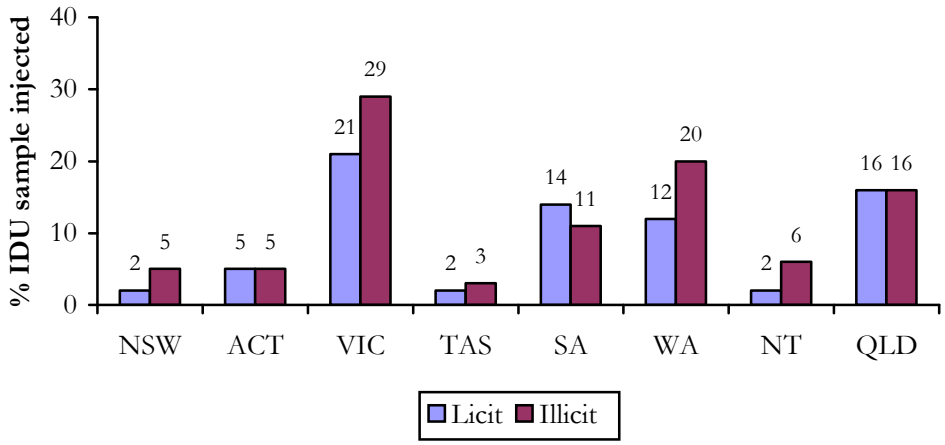


Source: IDRS IDU interviews

8.2.1 Buprenorphine Injection

Nine percent of the national sample reported recent injection of licit buprenorphine and 12% reported injection of illicit buprenorphine (see Table 11 – drug use history). There was jurisdictional variation in the proportion of IDU that reported injection of licit and illicit buprenorphine, with substantial proportions in VIC injecting buprenorphine prescribed to themselves (21%) or others (29%). The injection of illicit buprenorphine in WA was also relatively high with 20% having injected in the last six months (Figure 56).

Figure 56: Proportion that reported recent injection of licit and illicit buprenorphine, 2004



Source: IDRS IDU interviews

As buprenorphine is designed to be administered sublingually (beneath the tongue), the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. If IDU divert buprenorphine for injection that has been in their mouth there is an increased risk of infection due to bacteria from saliva. The majority of buprenorphine injected in all jurisdictions was obtained illicitly suggesting that diversion is occurring (Figure 56).

Of those in the national sample that reported injecting licit buprenorphine, the median days on which they had injected was 14, ranging from having injected three days to daily injection. Two thirds of the sample reported injecting on two days per week or less. Frequency of injection of licit buprenorphine was highest in the TAS (although only small numbers had injected licit buprenorphine) and VIC (Table 30).

Among those who reported injecting illicit buprenorphine, the median days injected was four, ranging from one (TAS) to six and half days (WA) in the last six months. Nearly three quarters of the sample reported injecting less than fortnightly. Although larger proportions reported injection of illicit buprenorphine, they were injecting less frequently than the smaller numbers that report injection of licitly obtained buprenorphine (Table 30).

Table 30: Median days injected licit and illicit buprenorphine, among those that injected, by jurisdiction, 2004

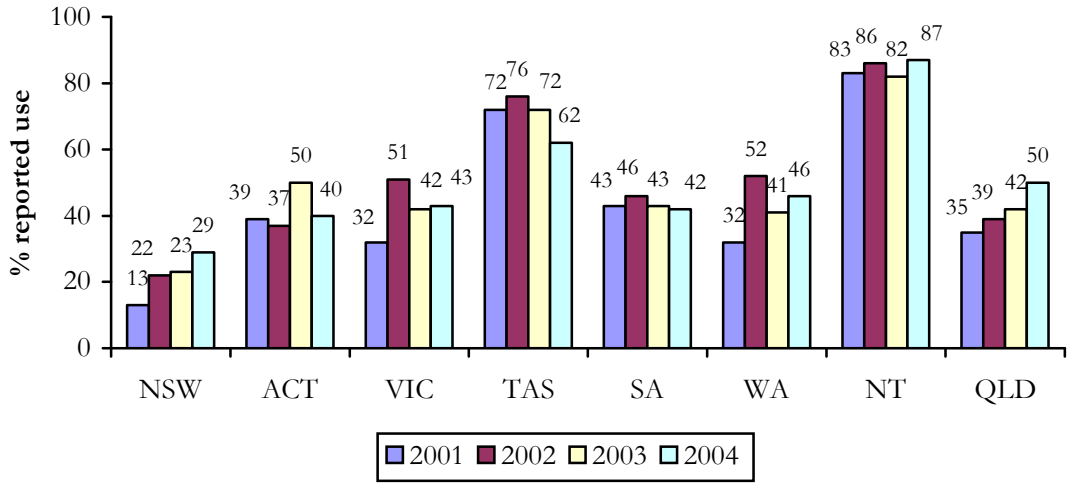
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit Bup	14	48	3	150	180*	14	3	52.5	9.5
Illicit Bup	4	2	3	6	1	2	6.5	5	4

Source: IDRS IDU interviews * very small numbers n ≤ 10

8.3 Use of morphine

Forty percent or over of IDU in all states but NSW (29%) had recently used morphine. Consistent with reports in previous years of the IDRS, the use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. In 2004, there was an increase in the proportion that reported recent morphine use in NSW, WA, QLD and the NT and decreases were observed in the ACT and TAS (Figure 57).

Figure 57: Proportion of IDU that reported recent use of morphine, by jurisdiction, 2001-2004



Source: IDRS IDU interviews

As in previous years of the IDRS, in the NT, the largest proportion of IDU reported that heroin was the preferred drug of choice (44%), but morphine was reported to be the last drug injected by 69% of IDU and the drug most often injected in the last month (69%, see Table 9 – Drug use patterns).

Relative to other jurisdictions, there was a significantly higher proportion reporting recent morphine use in the NT (87% v. 44%; OR 9; 95% CI 5.05, 16.0) and TAS (62% v. 47%; OR 1.8; 95% CI 1.2, 2.8). The frequency of recent morphine use and injection among IDU in the NT and TAS (including SA) was also higher than in other jurisdictions. NSW reported less recent morphine use than the other jurisdictions (29% vs. 53%, Table 31).

Table 31: Median days used and injected morphine, among those used/injected, by jurisdiction, 2004

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	12	5	4.5	6	12	19	8	165	7
Injected	12	4	3.5	5	12	12	6	180	6

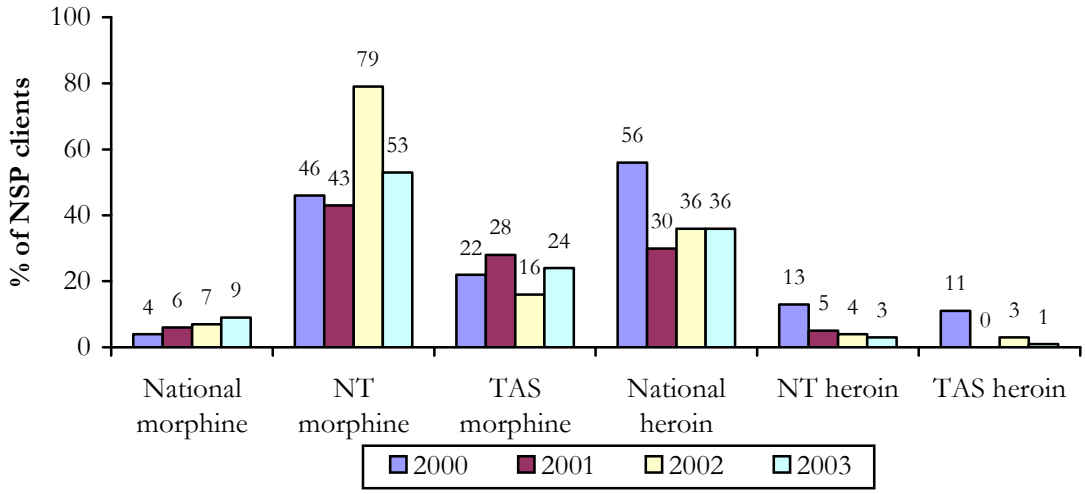
Source: IDRS IDU interviews

Key experts in the NT reported that morphine is more difficult to obtain from medical practitioners but remains easy or very easy to obtain on the street, consistent with IDU reports. They see the restrictions on licit supply as having no impact on the quantity or frequencies of morphine used by regular users, but suggest that users who previously obtained morphine licitly (but used illicitly) now do so illicitly. They also reported that a greater proportion of the licitly obtained supply is being diverted through on-selling, often by people new to the market, or theft, often associated with assault.

The majority of participants that reported they had used morphine reported they mainly used illicit morphine, ranging from 69% in the SA to 97% in TAS. Therefore the majority of the morphine being used by this population appears to have been diverted rather than licitly obtained. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

A higher prevalence of morphine injection among IDU in the NT and TAS compared to those in other jurisdictions has also been documented by the Annual NSP Surveys (National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2004). Figure 58 depicts the proportion of NSP clients surveyed that report morphine and heroin as the last drug injected in 2000 to 2003, the most recent NSP Survey results available. The figure shows that in the NT and TAS morphine was reported as the last drug injected compared to heroin for the national sample.

Figure 58: Proportion of NSP clients in the NT, TAS and the national sample that reported heroin and morphine as the last drug injected in the Australia NSP Survey, 2001-2003

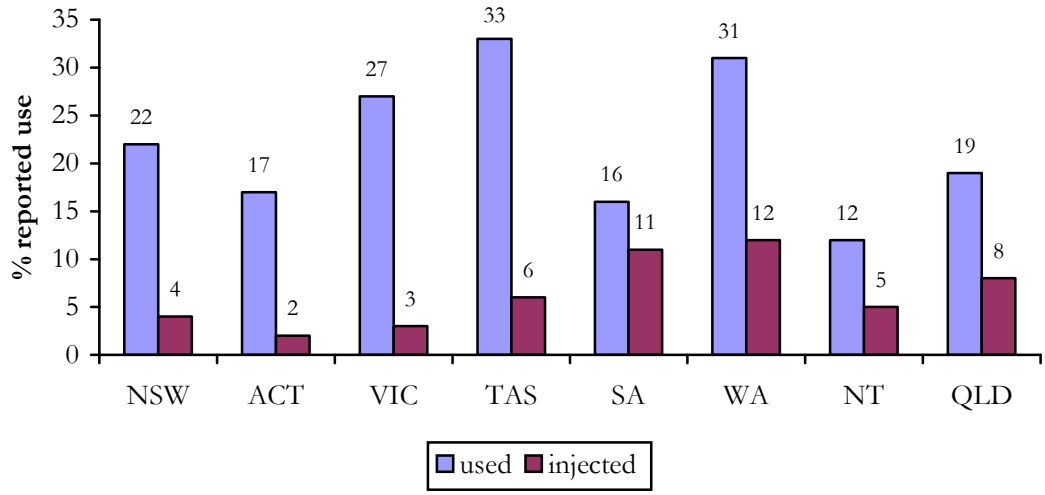


Source: Australian NSP survey (NCHECR, 2004)

8.4 Use of other opioids

From 2001, IDU were asked about 'other opioids' separately from morphine. Other opioids included codeine preparations, opium and pethidine. Twenty two percent of the national sample reported recent use of other opioids, with 18% reporting that they had swallowed them and 6% injecting them. TAS (33%) reported the highest recent use of other opioids, followed by WA (31%). However WA (12%) reported the highest recent injection of other opioids (Figure 59).

Figure 59: Proportion of IDU that reported recent use and injection of other opioids, by jurisdiction, 2004



Source: IDRS IDU interviews

Thirteen percent of the national sample had used other licit opioids and 11% had used other opioids that were obtained illicitly. Of those that used other opioids, nearly half (46%) reported they had mostly used licit and 54% mostly used illicit.

Recent use of other opioids obtained illicitly was highest in TAS (32%) and lowest in ACT (3%). Again, most of those who had used illicitly obtained 'other opioids' reported that these were the main form they had used. This suggests that there may be small numbers of IDU who obtain these drugs illicitly as their main source of an opioid drug, rather than there being a considerable number of IDU illicitly obtaining opioids.

The most commonly used 'other opioids' reported were Panadeine Forte® (32%), codeine (15%), OxyContin® (13%), and opium (9%).

8.5 Jurisdictional trends for opioids

8.5.1 NSW

Twenty nine percent of IDU reported using illicit methadone in the six months preceding interview on a median of five days. Twenty two percent of IDU reported injecting illicit methadone syrup in the preceding six months on a median of five days (one participant reported daily injection). Twenty one percent of IDU reported illicit methadone syrup as the form most often used in the preceding six months, representing an increase from 8% in 2003.

Twenty two percent of IDU reported buying illicit methadone in the past six months, primarily from street dealers and friends. Of those who purchased illicit methadone, 90% reported that the source was a take away dose.

Two IDU (1%) reported using illicit Physeptone® tablets in the preceding six months.

Eight percent of IDU reported the use of illicit buprenorphine in the preceding six months on a median of two days. Five percent reported injecting illicit buprenorphine on a median of two days. Thirty four percent of IDU reported illicit buprenorphine as the form most often used in the past six months.

Twenty nine percent of IDU reported using morphine in the preceding six months on a median of five days (compared to 23% on a median of three days in 2003). A large majority (86% compared to 66% in 2003) of recent morphine users reported illicit morphine use during this period. Twenty four percent of IDU reported injecting morphine (20% reported doing so in 2003) on a median of four days and again, a majority (87% compared to 66% in 2003) of this group reported illicit morphine use during this period. The prevalence of morphine use and injection has increased slightly from the figures reported in 2003. Frequency of morphine use has remained stable.

Morphine was predominantly obtained through illicit sources with 84% of morphine users reporting illicit morphine as the form most used. MS Contin was the most common brand of morphine used, and 14% of IDU in NSW reported buying 100mg MS Contin tablets at a median price of $20.

Twenty two percent of IDU reported using other opioids such as Panadeine Forte®, pethidine and codeine the preceding six months (compared with 13% in 2003) on a median of six days (five days in 2003). Among this group, over half (58%, 35% in 2003) reported using illicit opioids during this period. Four percent reported injecting these drugs on a median of two days, representing a decrease from 6% in 2002 and has remained stable since 2003. Panadeine Forte® continued to be the main type of other opioid used.

8.5.2 The ACT

Thirty four percent of IDU reported the use of licit methadone (includes all forms) and 29% reported illicit methadone (includes all forms) use in the previous six months.

In the ACT, licit buprenorphine use was reported by 25% of IDU, compared to 5% of IDU who reported illicit buprenorphine use in the previous six months. Five percent of IDU had injected illicit buprenorphine on a median of three days.

Forty percent of the sample reported using morphine, with nearly all injecting it and the majority obtaining it illicitly. Seventeen percent used other opioids in past six months and six percent reported the use of 'homebake'.

8.5.3 VIC

Reported methadone use and injection remained relatively stable in VIC in 2004. Twenty nine percent of the IDU sample reported use in the past six months and 5% reported injection in that time. Licit methadone syrup was used by 21% of IDU and illicit methadone syrup by 10% of IDU in the previous six months.

Over three quarters (77%) of the IDRS respondents reported lifetime use of buprenorphine (licit or illicit) and 59% had used this drug in the last six months. Over half (56%) of the respondents reported injecting buprenorphine in their lifetime (37% in 2002, 51% in 2003), and 43% reported doing so in the last six months (33% in 2002, 39% in 2003).

Key experts reported that morphine use is common, though widely reported to be sporadic and opportunistic rather than habitual. Two key informants reported that they occasionally have clients who are daily users or who are seeking treatment for morphine dependency. Thirty-six percent of the IDU sample (40% in 2003) reported using illicit morphine in the past six months, and 9% (6% in 2003) had used prescribed morphine in that time. Most respondents reported that 100mg of illicit morphine cost $50 (range $20-$50).

Over a quarter (27%) of the IDU interviewed reported the use of other opiates in the preceding six months. The main type of other opiate used by these respondents was Panadeine Forte® (67%). Others reported codeine (generic) (21%), Codeine Phosphate® (5%), and Mersyndol Forte® (3%).

8.5.4 TAS

Morphine was reported to cost $70 per 100 mg, and the price was described as stable. Morphine was considered 'easy' to 'very easy' to obtain and the availability in the six months preceding interview as stable to becoming more difficult to obtain. Nearly two thirds (62%) of the sample had used morphine in the past six months, with all but two injecting the drug in this time. MS Contin remains the predominant preparation used by this group, used by 48% of the sample as a whole and the form used predominantly by two thirds of those reporting recent morphine use, with Kapanol® (used by 42% of the sample), Ordine® (35%), and Anamorph® (29%) used to a lesser extent. The median frequency of use of morphine amongst local IDU cohorts, and in recent years, the proportion of cohorts reporting recent use, has steadily declined over time. There are continuing reports both from consumers and key experts that morphine is being rejected by users in favour of methamphetamine and other types of pharmaceutical opiates.

Diverted methadone syrup was reported to cost $1 per milligram (mg) of the drug, a price that was considered stable by participants. This was considered as 'easy' to access, and availability was reported as having remained stable in recent months. However, both IDU consumers and key experts note that the drug is generally only available where there is a standing arrangement with a person on the program, and is almost uniformly reported as being obtained from friends (86%). Moreover, much of the use of diverted methadone syrup comes from individuals themselves receiving methadone maintenance, with key experts noting clients purchasing small amounts of the drug to avoid physical withdrawal if they had precipitously used their takeaway doses, or traded it due to, or to avoid, 'standover' threats and aggression from others.

Diverted Physeptone® tablets of methadone were reported as costing $10 per 10mg tablet, a price that was considered stable by IDU. These were predominantly considered 'difficult' to access, with this level of availability regarded as remaining stable to decreasing in recent months. Consistent with this, both the prevalence and frequency of use had declined for the first time in the 2004 survey following steady increases since 2000: from 32% of the IDU sample reporting use in 2000, rising to 64% in 2003, and 52% in the current study.

The level of oxycodone (e.g. OxyContin®) use amongst the IDU sample has risen steadily in the two years that such use has been examined, rising from 21% in 2003 to 32% of the cohort using such drugs in the six months prior to interview in 2004. This follows anecdotal reports of use in 2002. There are also continuing reports of opioids and benzodiazepines (predominantly alprazolam) being used simultaneously, a practice that carries with it an increased risk of overdose and extremely disinhibited behaviour.

It is important to note also that the opioids used by this group are not coming from direct doctor shopping by IDU as the vast majority report obtaining them 'illicitly', i.e. not on a prescription in their name. Similarly, thefts from doctors' surgeries or pharmacies remain extremely low.

8.5.5 SA

As in recent years, in 2004 the use of other opioid substances by IDU was common, with 79% reporting recent use of some type of opioid substance, excluding heroin. There were some changes however, in the use of other opioids by IDU in the 2004 sample. Specifically, although the proportion of IDU reporting recent use of morphine or other opioids (oxycodone or codeine) remained stable, there was a decrease in the frequency of use, particularly of morphine, following a rise over the last couple of years. The price and availability of morphine was unchanged since 2003, so this decrease was most likely influenced by the increased availability, and decreased price, of heroin over the same period. As in 2003, the majority of morphine users reported use by injecting, and mainly used illicit supplies of Kapanol® and MS Contin®.

In addition, in 2004 there was a decrease in the proportion of IDU that reported recent use of illicit methadone, while the proportion reporting use of illicit buprenorphine remained stable. Although there was no change in the proportions reporting use of *illicit* buprenorphine by injecting, there was a doubling of the proportion reporting recent injection of *licit* buprenorphine, concomitant with an increase in the percent of IDU on a buprenorphine treatment program in 2004. It is worth noting however, that of those IDU that reported use of any methadone or buprenorphine, 75% or more reported *mainly* licit use in the last six months.

KEs reports of other opioid use were primarily within the context of heroin-using IDU and supported a perception that users were continuing to use other opioids to substitute or supplement their heroin use, despite the 'return' of heroin.

8.5.6 WA

Considerable numbers of IDU were seen to be using illicit opioids of varieties other than heroin. Recent use of licit methadone syrup in the preceding six months was 30% and the use of illicit methadone syrup was 16%. More IDU used illicit (8%) than licit (1%) physeptone tables. Injection of illicit methadone was reported by 63% (79% in 2003) of IDU

who had used it. Of the eight IDU that used illicit Physeptone®, six (75%) had injected the drug in the last six months.

There was some evidence that illicit use of buprenorphine is continuing with rates of illicit use amongst the IDU sample (23%) at the same level as licit (22%) use. Injection appeared to be the most common means of administration employed by 91% (increased from 83% in 2003) of IDU who had used the drug illicitly. Mean days of use of buprenorphine was found to have significantly increased from seven in 2003 to 44.

Morphine continued to be the most commonly used illicit opioid with 46% of the IDU sample reporting its recent use. Although the recent use of morphine is high, the median days of use was eight. This is dramatically lower than the median days in previous years (60 days in 2003, 33 days in 2002) suggesting less intensive drug use compared to previous years. Injection of morphine was seen to almost invariably involve the MS Contin® form of the drug. Availability of morphine was generally seen as being "easy" with a 100mg tablet carrying a median price of $50. Availability was generally viewed as being stable although a substantial minority believed that the drug may have become more difficult to obtain. Other pharmaceutical opiates were also mentioned by both IDU and key experts on a much less frequent basis primarily included codeine based preparations followed by Oxycontin ®, pethidine and Tramal ®.

8.5.7 The NT

Forty-one percent of the IDU sample had used some form of methadone in the six months prior to interview, less than in 2003 (51%) but an increase on the 37% found in 2002. Thirty-two percent had recently injected, lower than the 43% of recent methadone injection found in 2003, but still higher than the 19% found in 2000.

Eighteen IDU reported purchasing 10mg Physeptone tablets in the six months prior to interview for a median price of $10. Sixteen IDU reported purchasing methadone syrup, at: $1 per ml. Seventy three percent (40% in 2003) of those commenting reported that the price for methadone had remained stable.

Approximately equal numbers reported methadone as 'easy' (n=12) or 'difficult' (n=9) to obtain. Forty-three percent (n=15) reported that availability had been 'stable' in the six months prior to interview.

The most common source for obtaining methadone was through a friend (41%, n=14), followed by a street dealer (21%, n=7) and friend (9%, n=3). The main source for illicit methadone was another person's take away dose (69%).

The small number of KEs able to comment suggested that methadone syrup and tablets were slightly more available from street dealers.

Twenty five (n=27) of the IDU sample had used either licit or illicit buprenorphine in the six months prior to interview (for a median of seven days) compared to 19% in 2003 (median of four days). Thirteen percent of the sample had used licit buprenorphine on a median of 45 days (i.e. twice weekly), and 2% reported injecting licit buprenorphine. Fifteen percent had used illicit buprenorphine on a median of two and a half days, and 6% reported injecting illicit buprenorphine. Illicit buprenorphine was the form mainly used by the majority (92%) of those that used buprenorphine in the preceding six months.

Eighty-seven percent of the IDU sample had used morphine in the six months preceding interview. While only 24% nominated morphine as their drug of choice, 77% (64% in 2003) had injected it most often in the month prior to interview, 78% (60% in 2003) had injected it last and 76% (55% in 2003) had used morphine on the day before interview.

Of those who had used morphine in the previous six months, 91% (73% in 2003) of the NT IDU reported using illicit morphine during this time, and 72% (56% in 2003) nominated illicit morphine as the form they used most often. The proportion using licit morphine has declined from 42% in 2002 to 35% in 2003 and 33% in 2004.

The median prices for morphine were $60 for 100mg tablets of MS Contin, $30 for 60mg tablets of MS Contin, and $15 for 30mg tablets. The price of Kapanol was slightly lower, at $50 for 100mg capsules. Comparable data from previous years is limited but suggests that the price of 100mg tablets of both MS Contin and Kapanol has increased, however remains the same as those prices in 2003. Over two thirds (79%) reported the price as 'stable'.

Most morphine users reported it as 'easy' (55%) or 'very easy' (24%) to obtain, and almost half (67%, 48% in 2003) reported availability as 'stable'. Users usually scored their morphine from a friend (42%), a dealer's home (23%) and from a street dealer (22%). MS Contin was the most common brand of morphine used.

Key informants passed on user comment to the effect that medical practitioners are less able or willing to prescribe morphine than was the case in past years and so users are more inclined to score from the street. KEs stated that this had had no affect on the availability of morphine on the street. As was the case in 2003, KEs reported that more diversion from the smaller number of licit users was occurring and compensating for any supply reductions brought about by changes to prescribing practices. One KE suggested that local prescribing may no longer be the primary source of illicit morphine. Although there was no corroboration of this view.

Twelve percent (n=13) reported recent other opioid use. Of that number six IDU had injected, two had smoked and eight had swallowed other opiates. IDU were equally like to use other opiates licitly and illicitly.

8.6 Summary of opioids

- Twenty five percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview and twelve percent of the national sample reported recent use of illicit Physeptone®.
- Half reported that it was 'easy' to obtain methadone and this remained stable in the six months preceding interview.
- Of those that bought illicit methadone syrup the majority reported that the source was a take away dose.
- Methadone was most commonly purchased for $1 per ml of syrup.
- Half of the national sample reported recent injection of methadone, half reporting recent injection. TAS reported the highest rate of recent methadone injection. Illicit methadone was injected on a median of five days compared to 48 days for licit methadone.
- Illicit Physeptone® was injected on a median of six days and licit Physeptone® on a median of 39 days.

- Twenty one percent of the national sample reported use of licit buprenorphine in the six months preceding interview and sixteen percent reported use of illicit buprenorphine.
- Nine percent of the national sample reported recent injection of licit buprenorphine on a median of 14 days and 12% reported injection of illicit buprenorphine on a median of four days.
- Over 40% of IDU in all states but NSW (29%) had recently injected morphine.
- The use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available and methadone and morphine have dominated the markets.
- Twenty two percent of the national sample reported recent use of other opioids, with 18% reporting that they had swallowed them and 6% injecting them.
- Thirteen percent of the national sample had used other licit opioids and 11% had used other opioids that were obtained illicitly.
- The most commonly used 'other opioids' reported were Panadeine Forte®, codeine, OxyContin and opium.

9 OTHER DRUGS

9.1 Ecstasy and related drugs

Twenty eight percent of the national IDU had used ecstasy in the six months preceding interview on a median of three days (see Table 11 – drug use history). The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among IDU is low.

The use of ecstasy and related drugs was monitored as part of a trial to determine the feasibility of monitoring ecstasy and related drugs using a similar methodology to the IDRS. In 2000-2001 ecstasy and related drugs were monitored in SA, QLD, NSW and in SA and NSW in 2002. Findings are reported elsewhere (Longo, Humeniuk et al. 2002; Rose and Najman 2002; Topp, Breen et al. 2002; Breen, Degenhardt et al. 2003; White, Breen et al. 2003; White, Breen et al. 2004). For the first time in 2003, the PDI monitored ecstasy and related drug markets in every State and Territory of Australia (Breen, Degenhardt et al. 2004), and continued to do for a second year in 2004 (Stafford, Degenhardt et al. 2005). Detailed reports with the results are available as NDARC technical reports.

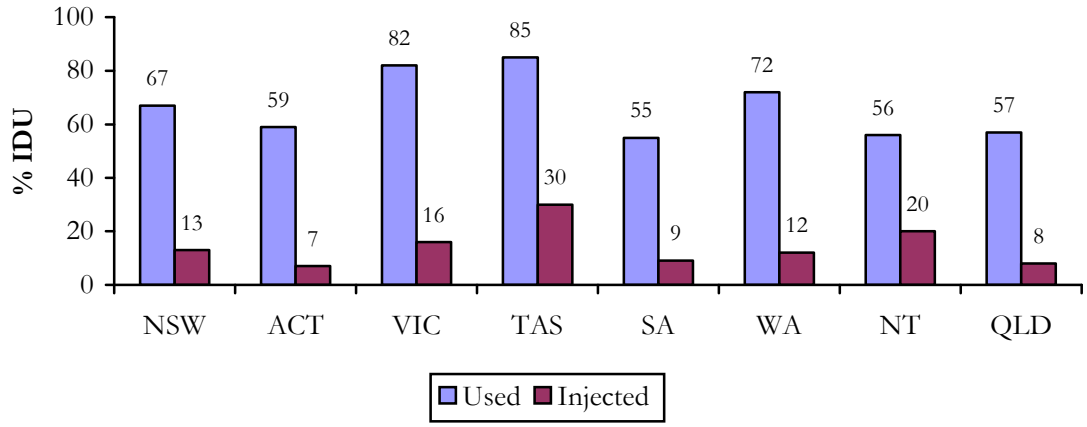
9.2 Benzodiazepines

Benzodiazepine use is common among IDU and the misuse of benzodiazepines is well documented (Iguchi, Handelsman et al. 1993; Darke 1994; Strang 1994; Dupont 1998; Fry and Bruno 2002; Breen, Degenhardt et al. 2004). As in previous years of the IDRS, about two thirds (67%) of the national sample had recently used benzodiazepines on a median of 30 days in the six months preceding interview (see Table 11- drug use history).

Sixty five percent reported swallowing benzodiazepines and 14% reported injecting them in the six months preceding interview. IDU that reported injecting benzodiazepines had done so on a median of six days, ranging from once to daily injection (see Table 11 – drug use history).

In 2004, TAS and VIC had the highest proportion of IDU who reported benzodiazepine use in the preceding six months, with variation reported between jurisdictions, ranging from 56% in the NT to 85% in TAS. Rates of recent injection also varied widely and remained lowest in ACT (7%) and highest in the NT (20%) and TAS (30%, Figure 60). The majority (84%) of those that reported injecting benzodiazepines had also used them orally.

Figure 60: Proportion of IDU that reported recent use and injection of benzodiazepines by jurisdiction, 2004



Source: IDRS IDU interviews

Health professionals are particularly concerned about the injection of benzodiazepines, as it is associated with high levels of injection related health problems including significant scarring, bruising of injection sites and difficulty injecting (indicative of vascular damage). Continued benzodiazepine injection can also lead to more serious health issues including gangrene and sometimes amputation.

Due to increasing concern over adverse health effects associated with the injection of temazepam capsules in particular, the 10mg capsule formulation (Euhypnos, Nocturne, Normison, & Temaze) required an Authority prescription (i.e. prior approval from the Health Insurance Commission) from May 1st 2002. Temazepam 10mg tablets remained an unrestricted PBS benefit and temazepam 20mg capsules remained available without authority as a non-PBS item (i.e. they can still be prescribed by any doctor and purchased without subsidy). The impact of this restriction was assessed by the 2002 IDRS in NSW, NT, QLD, TAS and VIC (Breen, Degenhardt et al. 2003; Breen, Degenhardt et al. 2004). Gel caps were subsequently removed completely from the pharmaceutical market at the end of March 2004.

In 2004, the injection of benzodiazepines continues to remain an issue of concern, particularly in the NT and TAS, where 20% or over of both samples had recently injected benzodiazepines (Table 32).

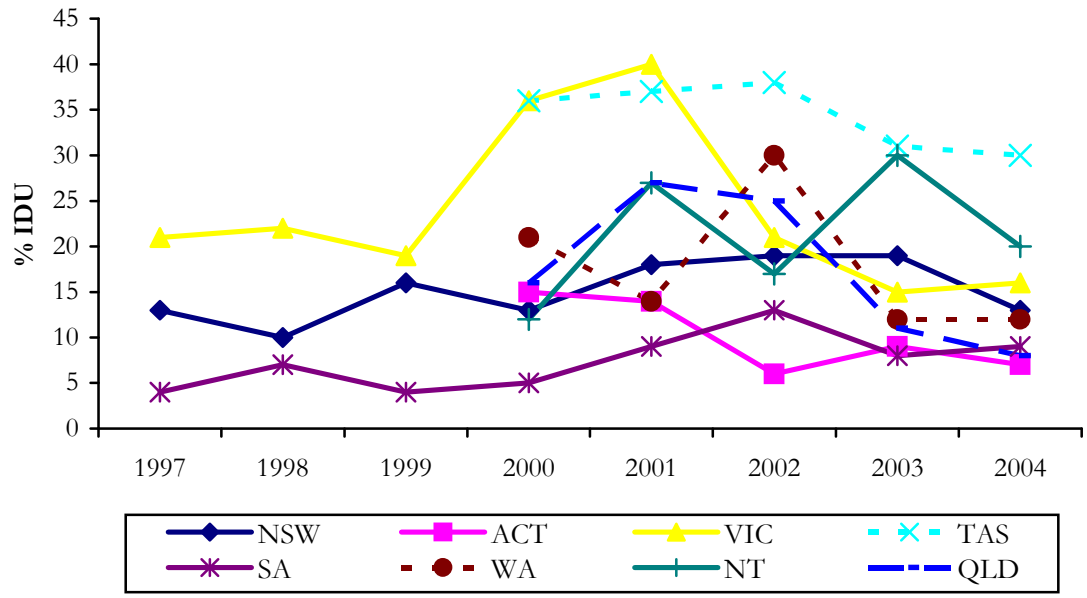
It should be noted that there were substantial decreases in VIC, which had the highest proportion injecting in 2001 (40%) to 16% in 2004. Public health measures (the Temazepam Injection Prevention Initiative) were implemented in Victoria in October 2001, targeting doctors, pharmacists, health workers and IDU regarding the harms associated with injection of benzodiazepines. The restriction in prescription and subsequent removal of gel cap preparations has also contributed to this decrease.

Table 32: Proportion of IDU that reported recent injection of benzodiazepines by jurisdiction, 2000-2004

Jurisdiction	2000	2001	2002	2003	2004
NSW	13	18	19	20	13
ACT	15	14	6	9	7
VIC	36	40	21	15	16
TAS	36	37	38	31	30
SA	5	9	13	8	9
WA	21	14	30	12	12
NT	12	27	17	30	20
QLD	16	27	25	11	8

Source: IDRS IDU interviews

Figure 61: Proportion of IDU that reported recent injection of benzodiazepines by jurisdiction, 1997-2004



Source: IDRS IDU interviews

Forty seven percent of the national sample reported having used licit benzodiazepines and 46% had used illicit benzodiazepines in the six months preceding interview. Between a quarter and two thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months, ranging from 24% in ACT to 71% in TAS. In all jurisdictions except NSW and TAS, the majority of IDU reported licit benzodiazepine use as the main form they had used in the preceding six months. Many of those who obtain benzodiazepines illicitly, however, also obtain them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 38% in NT to 58% in VIC (see Table 12 – forms most used).

The majority (59%) reported that licit benzodiazepines were the form they had most used in the preceding six months, however illicit benzodiazepines were the form most used by over half of the NSW (56%) and TAS (51%) sample (see Table 12 - forms most used).

IDU that had used benzodiazepines were asked the main brand that they had used. Data presented in Table 33 suggests that although temazepam capsules have been restricted it appears that there is still some preference for that type of benzodiazepine among those that inject the drug. Of those that only reported oral use of benzodiazepines, the majority (70%) reported diazepam (Valium®, Antenex® etc) as the main type of benzodiazepine used and only 6% reported temazepam. In contrast, among those that had injected benzodiazepines, nearly a third (28%) reported temazepam as the main type of benzodiazepine used. It was not specified if the temazepam injected was tablet or capsule, however previous research suggests capsules are the preferred form for injection (Breen, Degenhardt et al. 2003). As mentioned previously, the majority of those that inject benzodiazepines also report taking them orally and the reported 'main brand' may be taken orally. The IDRS survey does not determine whether the main brand was injected or swallowed.

Table 33: Main benzodiazepine type used by oral only users and those that injected in the six months preceding interview, 2004

	Recent oral use (not injected) n=477	Recent injectors* n=131
Diazepam	70	44
Oxazepam	15	8
Temazepam	**6**	**28**
Alprazolam	4	16
Nitrazepam	2	-
Clonazepam	2	1
Flunitrazepam	1	3

Source: IDRS IDU interviews
*85% of injectors also reported oral use therefore we can not make the assumption that the main brand reported is being injected.

The frequency of use of benzodiazepines was high among IDU. IDU in all states report modal use of 180 days (daily use). In 2004, the median days used benzodiazepines increased dramatically in NSW from 18 days in 2003 to 60 days in 2004; however the median days in NSW injected decreased from 20 days to 8.5 days (Table 34). The decrease in benzodiazepine injection may be a result of the removal of temazepam gel capsules from the pharmaceutical market in March 2004.

Table 34: Median days used and injected benzodiazepines in the last six months, among those used/injected, by jurisdiction, 2004

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	30	60	13	30	50	48	40	11	25
Injected	6	8.5	4	2.5	5.5	6	5.5	14	2

Source: IDRS IDU interviews

9.3 Antidepressants

Twenty seven percent of the national sample reported use of antidepressants in the six months preceding interview, on a median of 180 days (52% reported daily use, which may be indicative of therapeutic use). Very few IDU reported injecting antidepressants both ever (3%) or in the last six months (<1%), across all jurisdictions (See Table 11 – drug use history). This suggests that antidepressants do not appear to be drugs that are commonly misused among this population.

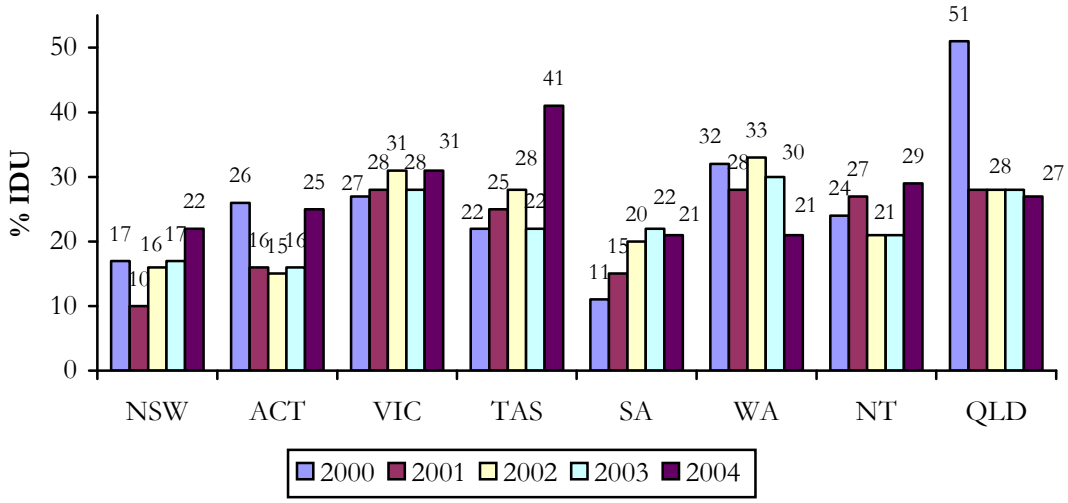
The proportion of IDU that reported recent antidepressant use has steadily increased in SA since 2000 and remained relatively stable within jurisdictions since 2001. However in 2004, the proportion reporting recent antidepressant use nearly doubled in TAS, increase in NSW, ACT and the NT and decreased in WA (Table 35 & Figure 62). There was less jurisdictional variation in the use of antidepressants among IDU than in the use of methadone, buprenorphine and benzodiazepines, again suggesting that the use of these drugs is largely for therapeutic purposes (which IDU are relatively equally likely to receive across the country).

Table 35: Proportion of IDU samples reporting antidepressant use in preceding six months by jurisdiction, 2000 -2004

	2000	2001	2002	2003	2004
NSW	17	10	16	17	22
ACT	26	16	15	16	25
VIC	27	28	31	28	31
TAS	22	25	28	22	41
SA	11	15	20	22	21
WA	32	28	33	30	21
NT	24	27	21	21	29
QLD	51	28	28	28	27

Source: IDRS IDU interviews

Figure 62: Proportion of IDU samples reporting antidepressant use in preceding six months by jurisdiction, 2000-2004



Source: IDRS IDU interviews

9.4 Alcohol and tobacco

Sixty eight percent of the national sample reported recently using alcohol. Median days used was 12 (20 days in 2003), indicating that frequency of use was weekly or less for half the sample (see Table 11 – Drug use history).

The vast majority of the national sample (94%) reported recent tobacco use. The majority of tobacco smokers (91%) were daily smokers. Median days use in all states was 180 (see Table 11 – Drug use history).

9.5 Pharmaceutical stimulants

Since 2003, IDU were also asked about their use of pharmaceutical stimulants including dexamphetamine and methylphenidate. These are drugs in medications commonly used for cold and flu symptoms and are prescribed for Attention Deficit Hyperactivity Disorder (ADHD). The proportions that reported recent use varied across jurisdiction. Use of these medications in the last six months was particularly high in TAS (51%) and in WA (43%). Almost half of the IDU who used pharmaceutical stimulants in TAS injected them; while in WA 26% injected them. The frequency of use was low at less than once a month for all states (Table 36).

Table 36: Patterns of use of pharmaceutical stimulants in the preceding six months by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Used (%)	19	6	23	9	51	8	43	19	5
Injected (%)	13	2	15	6	43	2	26	17	2
Median days used*	4	5	4	3	4	4.5	5	3	1

Source: IDRS IDU interviews
* among those that reported recent use

The majority (86%) of those that reported recent use of prescription amphetamines reported illicit use. This indicates that access to pharmaceutical stimulants is primarily not via doctor shopping by the IDU interviewed, as the majority reported using medication from a prescription in another person's name. Further research into the harms associated with the use of these medications as well as research into how users are accessing them is required.

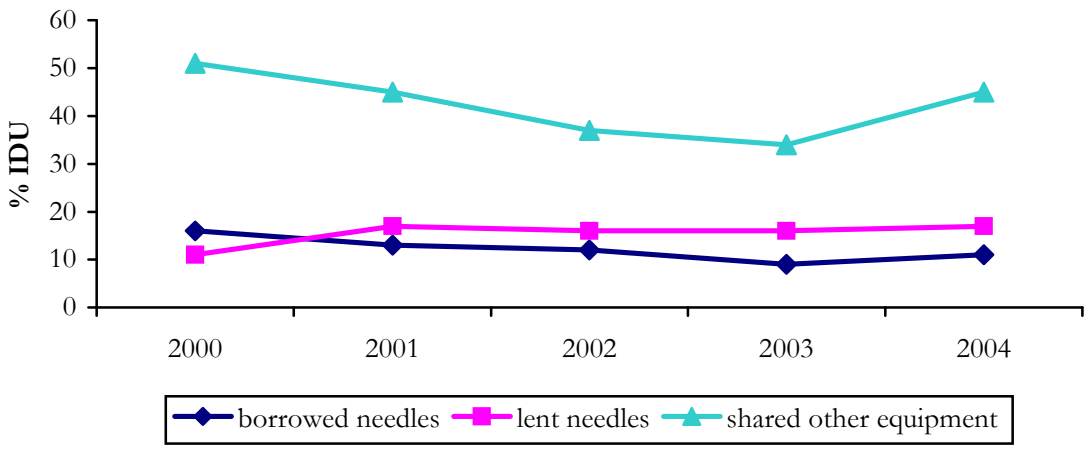
10 ASSOCIATED HARMS

10.1 Sharing of injecting equipment among IDU

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood borne viral infections (BBVI). Eleven percent of the national IDU sample reported they had used a needle after someone else ('borrowed') and 17% reported someone had used a needle after them ('lent') in the month preceding interview. Proportions reporting they had 'lent' a needle have remained stable since 2000. There was slight decline in 2003 in the proportions reporting they had 'borrowed' a needle in the last month; however in 2004 this increased slightly. The proportion that 'lent' is higher than the proportion that 'borrowed' a needle, and this may indicate that social desirability biases may impact the ability to assess sharing of injecting equipment (Figure 63).

From 2000 to 2003 there has been a decreasing trend in the proportion of IDU reporting sharing other injecting equipment, including spoons/mixing containers, filters, tourniquets and water. However in 2004, the proportion reporting sharing other injecting equipment increased to the same proportion reported in 2000 (45%, Figure 63).

Figure 63: Proportion of IDU that report borrowing or lending a needle, and sharing injecting equipment in the month prior to interview, 2000-2004



Source: IDRS IDU interviews

The highest rate of borrowing needles or syringes was recorded in the ACT (14%), followed by NSW and WA (13%, Table 37). Borrowing needs after somebody else slightly increased in all jurisdictions except in QLD where it slightly decreased (Figure 64). The highest rates of lending used needles or syringes were recorded in the WA (23%) followed by VIC (21%) and NSW (21%, Table 37). The lending of needles has varied over time, with the rates increasing in SA, VIC, NSW, TAS, ACT and the NT in 2004 (Figure 65).

Over half (55%) of the national IDU sample reported that they had not shared any injecting equipment in the last month. Again, there were jurisdictional differences with QLD having the largest proportion reporting not sharing any equipment (64%) and the ACT and NSW reporting the lowest (50% and 51% respectively). Spoons or mixing containers (36%)

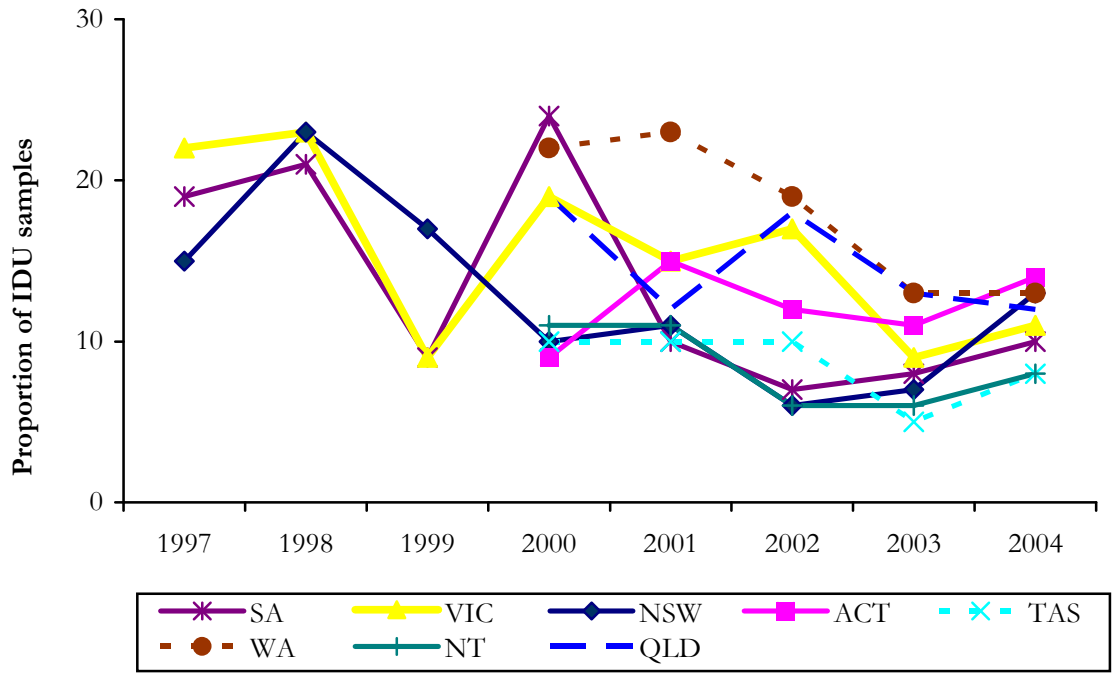
followed by water (24%) were the most commonly reported equipment to be shared (Table 37).

Table 37: Sharing needles and injecting equipment in last month among IDU by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Needle sharing (%)									
Borrowed	11	13	14	11	8	10	13	8	12
Lent	17	21	17	21	12	13	23	13	16
Other injecting equipment sharing (%)									
Shared no equipment	55	51	50	54	54	54	59	60	64
Spoon/mixing container	36	45	44	41	30	34	30	32	29
Filter	20	31	26	13	15	29	19	12	15
Tourniquet	15	13	11	13	21	12	22	15	12
Water	24	38	18	32	22	34	20	10	12

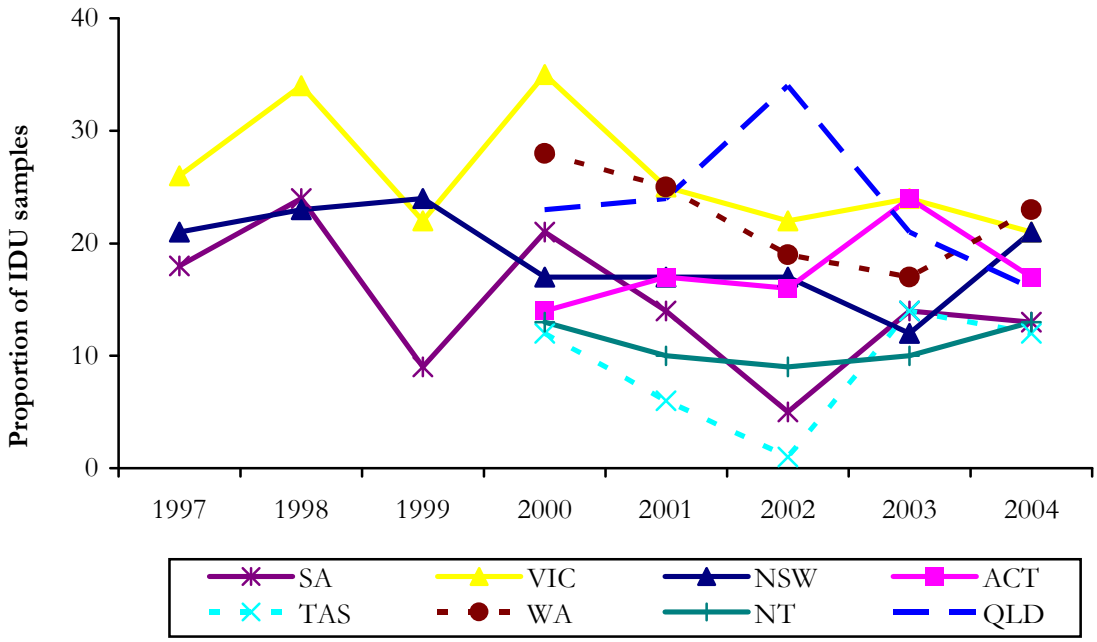
Source: IDRS IDU interviews

Figure 64: Self-reported borrowing of used needles and/or syringes in preceding month by IDU by jurisdiction, 1997-2004



Source: IDRS IDU interviews

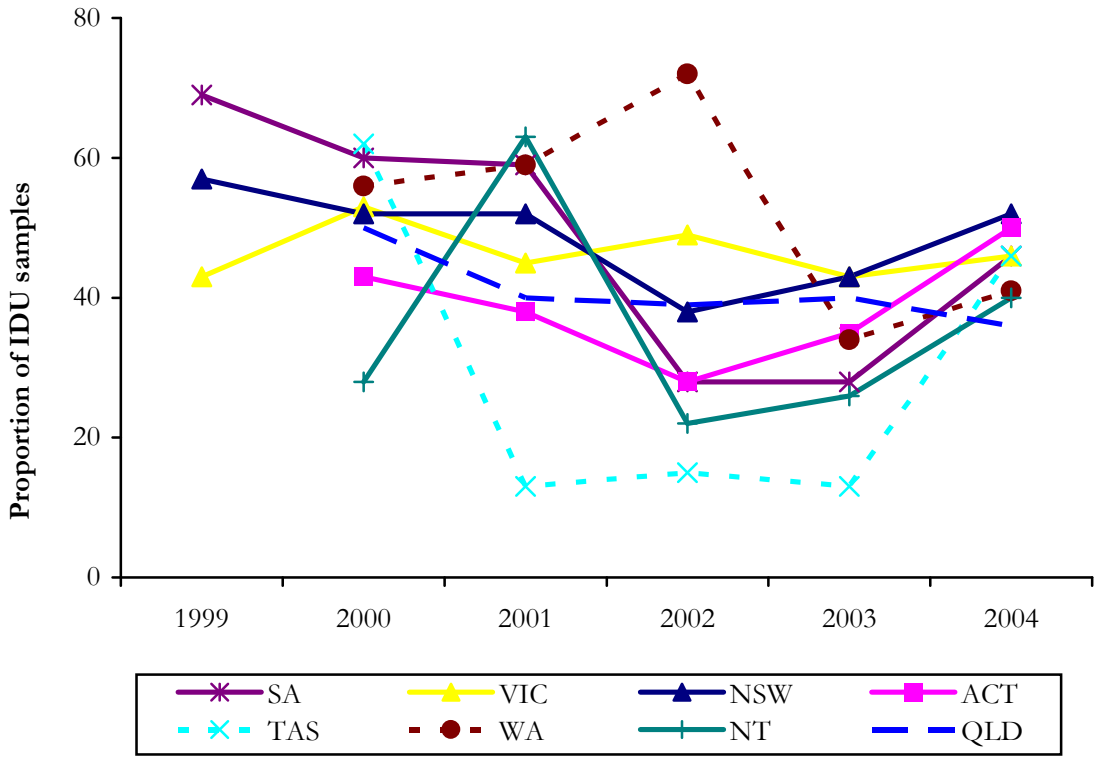
Figure 65: Self-reported lending of used needles and/or syringes in preceding month by jurisdiction, 1997-2004



Source: IDRS IDU interviews

The sharing of injecting equipment other than needles and syringes also carries the risk of BBVI transmission. Higher proportions of IDU in all jurisdictions report sharing other equipment than sharing of needles and syringes. In Figure 66, the sharing of injecting equipment in WA decreased from 72% in 2002 to 34% in 2003 and increased in 2004 to 41%. In 2004, the sharing of injecting equipment in TAS increased dramatically from 13% in 2003 to 46% (Figure 66).

Figure 66: Self-reported sharing of used injecting equipment other than needles/syringes in preceding month by jurisdiction, 1999-2004



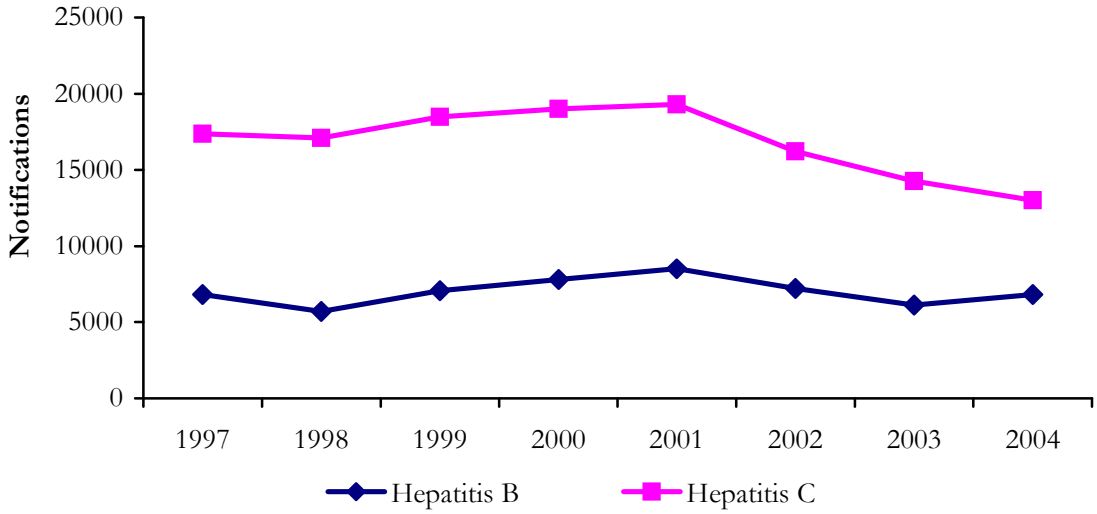
Source: IDRS IDU interviews

10.2 Blood borne viral infections

IDU are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 67 presents the total number of notifications for HBV and HCV in Australia. Incident or newly acquired infections and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001.

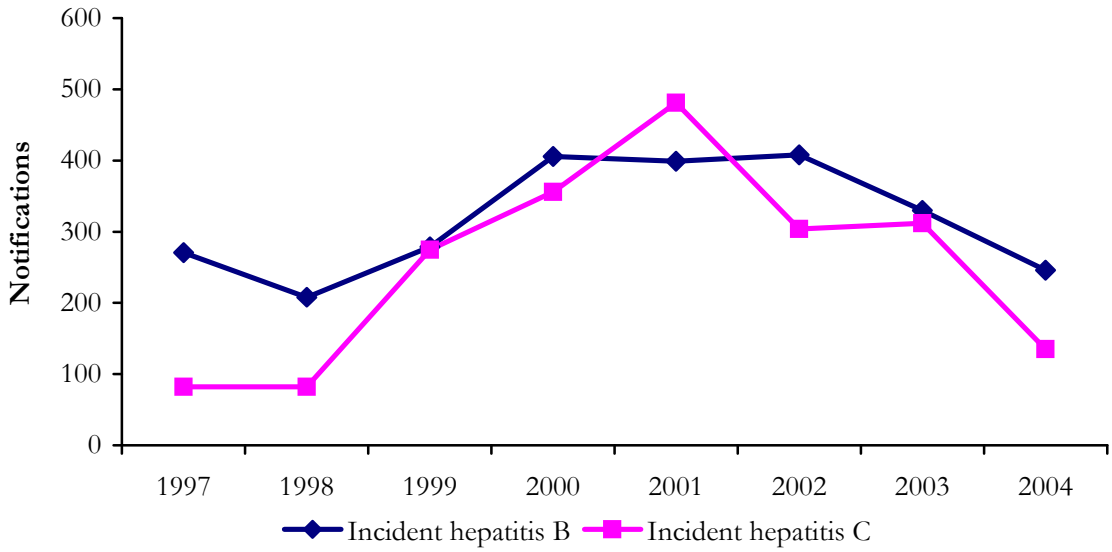
Figure 67: Total notifications for HBV and HCV (unspecified and incident) Infections, Australia, 1997 - 2004



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System[2]

HBV incident reporting has decreased slightly over the past two years, from 408 in 2002 to 246 in 2004, returning to levels reported in 1997. The number of HCV incident notifications decreased more markedly from a high of 481 in 2001 to 135 in 2004 (Figure 68).

Figure 68: Total notifications for HBV and HCV incident* infections, Australia, 1997 - 2004



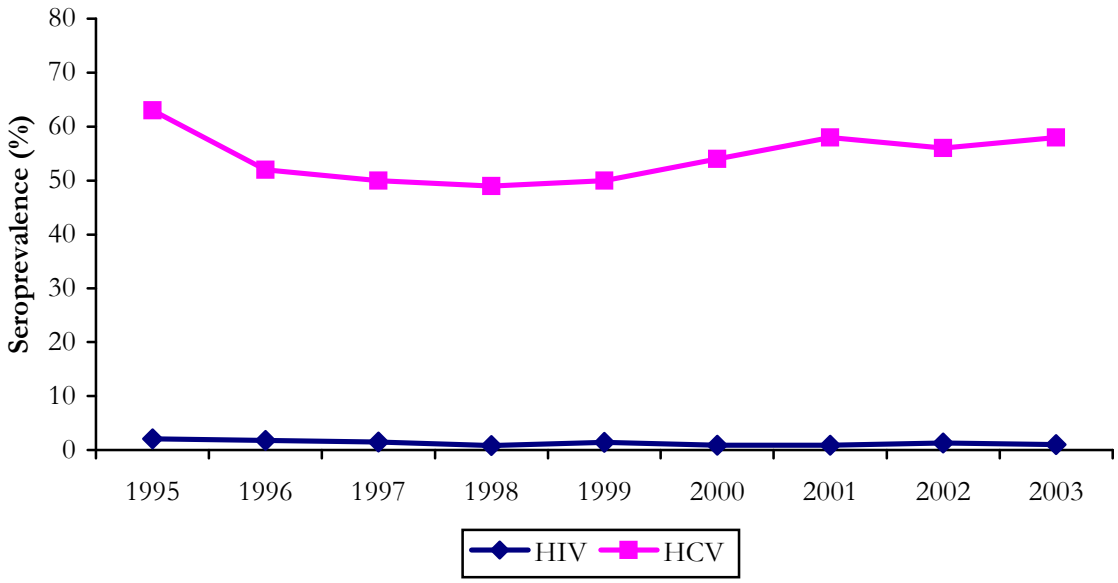
Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System
* NT and QLD reported as Hep C (unspecified)

[2] ***Notes on interpretation***
There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time (NNDSS Annual Report, 2000).

Consistent with previous IDRS data, the Annual NSP Survey has documented a general decrease in recent years in the sharing of needles and syringes, which has contributed to Australia's consistently low prevalence of HIV among IDU (HIV antibody seroprevalence decreased from 2.1% in 1995 to 1% in 2003, (National Centre in HIV Epidemiology and Clinical Research 2004).

The higher rates of sharing of other injecting equipment such as spoons, filters, water and tourniquets may explain, at least in part, Australia's consistently high prevalence of HCV among IDU, which decreased from 63% in 1995 to 49% in 1998 and then gradually increased to 58% in 2001, 56% in 2002 and 58% in 2003 (National Centre in HIV Epidemiology and Clinical Research 2004).

Figure 69: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2003



Source: Australian NSP survey (NCHECR 2004)

10.3 Location of injections

Consistent with previous years, the majority of IDU (74%) in the national sample reported that they had last injected at home. There were jurisdictional differences with regards to the location of the last injection. QLD reported the lowest proportion (62%), followed by NSW (64%) of IDU that injected at a private home (their own or someone else's), while two thirds or more in all other jurisdictions reported they had last injected at home. SA had the largest proportion (89%) of IDU that injected at a private home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Rates of public injecting were highest in QLD and ACT (33%) and lowest in the NT (10%, Table 38).

Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

In NSW 11% of the sample reported they had last injected at the Sydney Medically Supervised Injecting Centre. Only a few participants in NSW and NT reported that they had last injected in a 'shooting room' (i.e. a commercial premises rented for a short time often for the purpose of injecting).

Table 38: IDU reports of location of last injection, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Last injection (%)									
Home	74	64	65	65	85	89	87	87	62
Street/park	9	18	10	15	2	3	4	5	5
Car	5	1	8	7	5	6	3	1	12
Public toilet	8	4	15	10	8	2	6	4	16
Shooting room	<1	1	0	0	0	0	0	0	0

Source: IDRS IDU interviews

Participants were also asked the location of usual injection which followed the same patterns as location of last injection; home (81%), street/park (6%), car (5%) and public toilet (5%).

10.4 Injection related health problems

The majority (71%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. As in 2003, half (50%) of the national sample reported significant scarring/bruising, and 42% reported difficulty injecting (indicating poor vascular health, Table 39).

Nineteen percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview.

Three percent of the national sample reported overdose in the month preceding interview, the highest reported in the ACT (Table 39). The main drug used at the time of overdose was heroin (73%, n=16). Only one participant reported the main drug as methadone, buprenorphine, pharmaceutical stimulant, cannabis, naltrexone or psychiatric drug. Three quarters (74%) reported that there were other drugs involved most commonly benzodiazepines, alcohol or morphine.

Table 39: Injection-related issues in last month among IDU by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Injection problems (%)									
Infection/abscess	11	10	8	12	11	10	11	12	11
'Dirty hit'	19	13	14	26	24	16	26	17	16
Scarring/bruising	50	46	49	51	42	45	56	65	48
Difficulty injecting	42	40	31	43	49	36	48	48	40
Thrombosis	8	9	5	9	8	3	13	10	8
Overdose	3	2	5	3	1	1	4	1	3

Source: IDRS IDU interviews

There was some jurisdictional variation in problems reported. TAS recorded the lowest frequency of injecting in the month preceding the interview, with the majority of IDU (73%) reporting less than daily injection (see Table 9 – Drug use patterns), however TAS recorded the highest rate of 'difficulty injecting;' and the second highest rates of 'dirty hit'. It has been proposed that the relatively high rates of these problems among TAS IDU may be related to the high proportion of the TAS sample that reported having recently injected pharmaceutical preparations that are not designed for injection.

Previous clinical experience and research suggests that the injection of pharmaceuticals designed for oral administration results in injection related health problems (Klee 1990; Darke 1994; Ross 1997; Darke, Topp et al. 2002). Since 2003 participants have been asked about injection related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine and morphine.

Benzodiazepines

Eight percent of the 2004 national IDRS sample reported injecting benzodiazepines in the month preceding interview. There was some jurisdictional variation (ranging from 2% in the WA, 17% in the NT and 30% in TAS) in the proportion that had injected benzodiazepines in the month prior to interview.

Twenty eight percent of those that had injected benzodiazepines in the month preceding interview reported they did not have any injection related problems in relation to benzodiazepine injection. However, nearly half (45%) reported difficulty injecting, which was the most common problem associated with benzodiazepine injection (Table 40).

Methadone

Twenty one percent reported injecting methadone in the month preceding interview. There was substantial variation across jurisdictions, with the highest proportion in TAS 73%, followed by 23% in QLD, 21% in the ACT, 20% in the NT, 15% in SA and NSW, 10% in WA and 3% in VIC.

Methadone dependence was the most commonly reported problem associated with the injection of methadone (Table 40).

Buprenorphine

Eleven percent of the national sample injected buprenorphine in the month prior to interview. While methadone injection in VIC does not appear to be a problem, the injection of buprenorphine in the last month was highest in VIC (29%), followed by 17% in WA, 13% in SA and QLD. Only 3% in the ACT and TAS and 1% in NSW and the NT injected buprenorphine in the month prior to interview. Scarring or bruising was the most commonly reported problem among IDU (Table 40).

Morphine

Thirty one percent of the national sample had injected morphine in the month prior to interview. Again, injection patterns differed by state, with morphine injection highest in the NT (79%), followed by 45% in TAS, 31% in QLD, 28% in SA, 23% in VIC and WA, 16% in NSW and 14% in the ACT. Morphine dependence (38%) was the most commonly reported problem among IDU (Table 40).

Table 40: Injection-related issues related to benzodiazepine, methadone, buprenorphine and morphine in last month among IDU, 2004

Injection problems (%)	Benzodiazepine n=75	Methadone n=197	Buprenorphine n=101	Morphine n=290
No problems	28	33	37	29
Difficulty injecting	45	36	37	36
Scarring/bruising	33	25	38	27
Dependence	21	38	30	38
Infection/abscess	15	5	9	9
'Dirty hit'	11	13	20	11
Swelling of the arm	27	18	23	19
Swelling of hand	13	8	12	11
Swelling of feet	13	2	1	5
Swelling of leg	13	3	3	2
Hospitalisation	5	1	-	1
Contact with ambo	4	2	-	1
Contact with police	7	3	-	1
Skin ulcers	7	2	1	1
Thrombosis	8	2	1	3

Source: IDRS IDU interviews

10.5 Expenditure on illicit drugs

Over a third (39%) of the national sample reported they had not spent any money on illicit drugs on the day prior to interview (Table 41). There was a wide range in the amount participants reported spending on illicit drugs the previous day ($1 - $800). Over half (52%) of those that had spend money on drugs the previous day spent between $50 and $199. Twenty five percent of the overall IDU sample had spent $100 or more. There was a significant correlation between involvement in criminal activity and expenditure on illicit drugs on the day preceding interview (Spearman's r=0.11, p<.001).

There was jurisdictional variation in the amount spent on illicit drugs on the day preceding the interview. As in 2003, NSW had the lowest proportion (18%) that reported not spending any money the day prior to interview and one of the highest median expenditure among IDU that had spent money ($80, Table 41). The expenditure in NSW was significantly higher than the other states (median $80 vs. $60, t_{214}=3.6; p<.01). Given that NSW has the highest proportion of IDU that reported using heroin and cocaine recently, and the highest frequency of use of these drugs, this finding is not surprising.

Table 41: Expenditure on illicit drugs on the day preceding the interview, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Nothing	39	18	41	32	60	48	54	32	43
Less than $20	4	3	4	5	3	4	4	3	7
$20 - $49	14	13	13	17	19	10	12	17	9
$50 - $99	16	24	14	13	10	16	8	23	14
$100 - $199	17	23	18	23	2	14	16	15	16
$200 - $399	7	12	9	5	5	7	3	6	8
$400 or more	2	1	1	5	1	2	2	2	3
Median expenditure* ($)	70	80	90	85	40	50	70	57.50	75

Source: IDRS IDU interviews
* of those that reported spending money on illicit drugs

10.6 Mental health problems

In 2004, the question changed slightly and participants were asked if they had experienced any mental health problems other than drug dependence (previously asked 'other than drug use') in the six months preceding interview. Of the national sample forty six percent reported that they had experienced such a problem. Due to a change in the questioning there was a dramatic increase in the proportion of the national sample attending a health professional for a mental health problem other than drug dependence in the preceding six months (71% in 2004 compared to 27% in 2002 and 28% in 2003). As in previous years the most commonly reported mental health problems doubled among the IDU sample,

depression increased from 17% in 2003 to 33%, followed by anxiety which increased from 9% in 2003 to 18%. Drug induced psychosis, schizophrenia, panic and manic depression were each reported by 5% or less of the national sample. Among those that had attended a health professional, the most common health professionals consulted were general practitioners (65%), psychiatrists (30%), counsellors (26%), psychologists (17%), social workers (9%) and mental health nurses (8%). The main reasons for attending a health professional were for depression (69%), anxiety (34%), schizophrenia (12%), panic (8%), drug induced psychosis (6%), manic depression (5%) and paranoid (5%).

10.7 Substance related aggression

For the first time in 2004 the IDRS asked participants about substance related aggression. The questions asked were; 'In the last six months have *you* become verbally aggressive (threatening, shouting, abusive) following use of alcohol and/or other drugs?' and 'In the last six months have you seen *anyone else* that you know become verbally aggressive (threatening, shouting, abusive) following use of alcohol and/or any other drug?' The same questions were asked about physical aggression, which included shoving, hitting and fighting.

Of the national sample, 28% (17% in the NT to 40% in TAS) reported that they had become verbally aggressive following the use of alcohol and/or drugs (Table 45). Of those who became verbally aggressive the main drugs reported were alcohol (29%), heroin (24%), benzodiazepines (21%), speed (19%) and ice (19%, Figure 70). Verbal aggression observed in others by the sample was 70% (59% in the NT to 81% in WA, Table 42). Of those that were observed to be verbally aggressive, the main drug reported was alcohol (47%) followed by speed (27%), heroin (24%) and ice (24%, Figure 70).

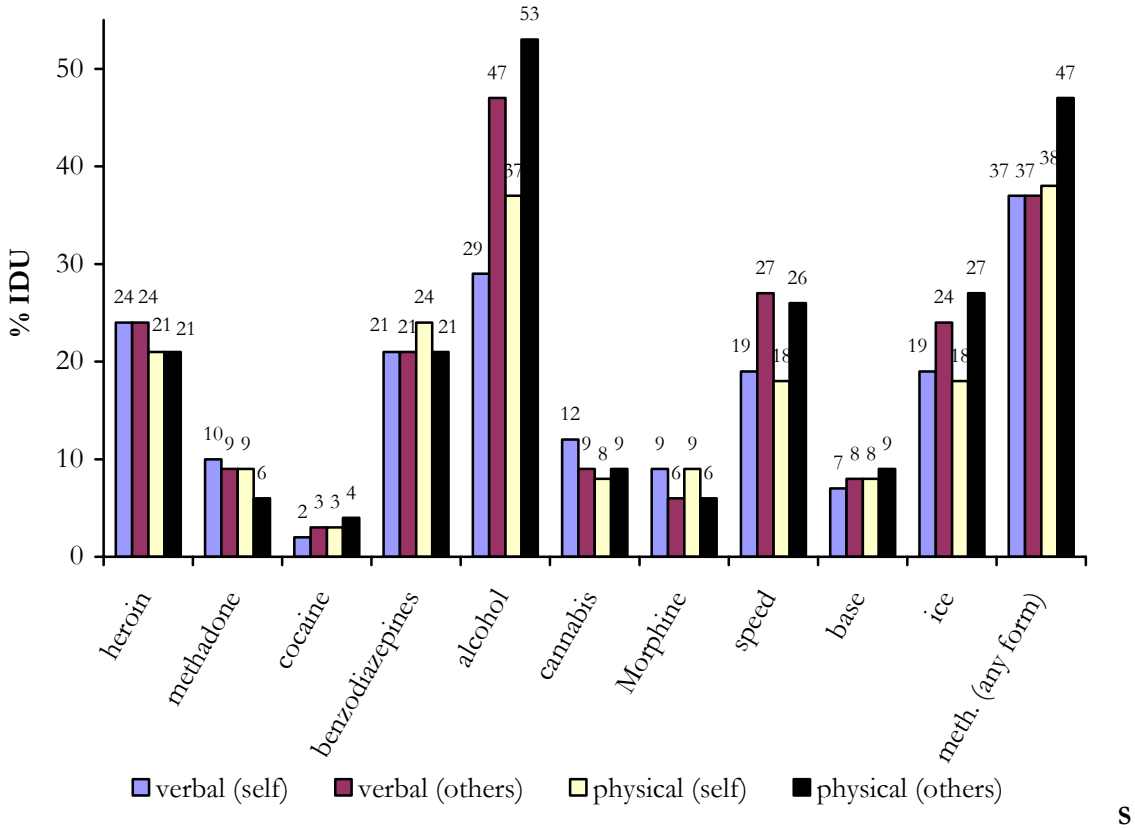
Physical aggression following drug use was reported by 15% (7% in SA to 21% in TAS, Table 42). Of those that became physically aggressive, the main drug used was alcohol (37%, Figure 70). Physical aggression observed in others by the sample was 56% (44% in the NT to 65% in NSW, Table 42). The main drug used was alcohol (53%) followed by ice (27%) and speed (26%) by those who were observed to be physically aggressive following drug use (Figure 70).

Table 42: Substance related aggression among IDU in the month preceding the interview, by jurisdiction, 2004

	National N=948	NSW n=157	ACT n=100	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=111	QLD n=129
Verbal aggression (%)									
Self	28	26	23	28	40	23	37	17	30
Others	70	73	71	71	72	62	81	59	67
Physical aggression (%)									
Self	15	18	11	17	21	7	19	8	16
Others	56	65	58	59	59	45	60	44	56

Source: IDRS IDU interviews

Figure 70: Proportions of IDU reporting their own and others' aggression (verbal and physical) following use of a drug



Source: IDRS IDU interviews

10.8 Criminal and police activity

IDU were asked about the types of crime they had committed in the month preceding interview. Table 43 shows self-reported criminal activity among IDU during this period, by jurisdiction. As in previous years, about half (48%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (31%) and property crime (24%). Recent self reported property crime rates were lowest in the ACT (34%) and the NT (39%), and were comparable elsewhere. Figure 71 shows self-reported criminal activity among IDU in the preceding month over time.

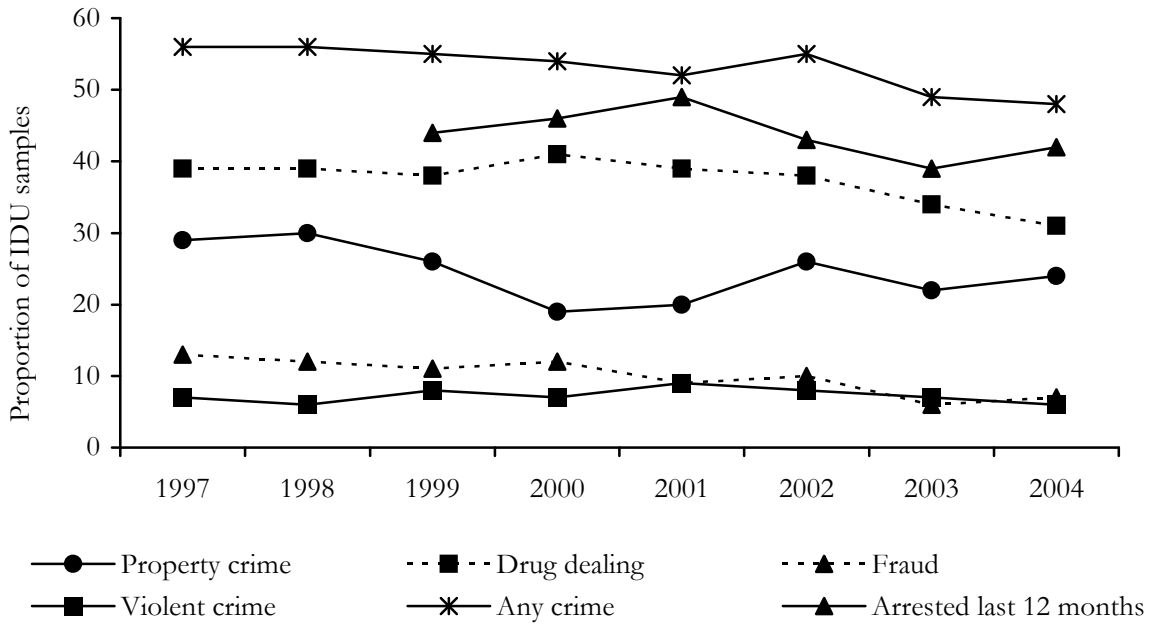
Forty two percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences, reflecting the crimes they also most commonly reported having committed (Table 43).

Table 43: Self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2004

	Total N=948	NSW N=157	ACT N=100	VIC N=150	TAS N=100	SA N=101	WA N=100	NT N=111	QLD N=129
Property crime (%)	24	33	13	28	34	14	22	23	22
Drug dealing (%)	31	28	21	30	43	31	53	26	26
Fraud (%)	7	6	5	8	7	3	14	8	8
Violent (%)	6	10	9	8	5	1	1	4	8
Any crime (%)	48	50	34	53	63	41	62	39	42
Arrested last 12 months (%)	42	43	38	55	51	26	35	27	54

Source: IDRS IDU interviews

Figure 71: Self-reported criminal activity among IDU in month preceding interview, 1997-2004



Source: IDRS IDU interviews

11 SUMMARY

11.1 Heroin

In 2004, it appears there has been a continued trend towards the stabilisation of the heroin market, however the price of heroin did return to prices reported prior to the heroin shortage in most states. Purity and availability and levels of use did not return to the levels reported prior to the heroin shortage. Indicator data reflected the IDU data indicating stabilisation of the heroin market. Purity of analysed heroin seizures decreased markedly from 1999 and appears to have stabilised in the last financial year. Overdose deaths have shown a similar pattern, stabilising in 2003 after declining from 1999. The available data on heroin or other opioid arrests indicated that arrests stabilised in 2003/04 and have not returned to the higher levels experienced prior to the shortage.

The price of heroin decreased in 2004 (except in NSW and TAS where it remained stable) returning to those prices reported before the heroin shortage (except in NSW, TAS, WA and QLD where it remained higher). Heroin remained cheapest in NSW ($300 per gram) and was also cheapest in VIC and the ACT ($300 per gram). WA had reported the most expensive price per gram ($500 per gram). IDU reported heroin purity as low to medium. The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2004 reported that the availability had remained stable in the six months preceding interview.

Heroin use has stabilised in most states, however the frequency of use increased in VIC and in WA and decreased in the other states except in TAS and the NT where it remained stable. The median days of heroin use has not returned to the levels reported prior to the heroin shortage of 2001.

11.2 Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (ice). All forms of methamphetamine remained the cheapest in SA. The majority reported the price of all forms of methamphetamine as stable, however a minority in VIC, WA, QLD and the NT reported that the price was increasing.

There is no clear trend in purity of methamphetamine, with variation in purity across jurisdictions, although median purity of State Police seizures remains below 32%. Larger proportions of IDU reported the purity of speed as low to medium, base as medium and ice as high.

The majority of respondents in all jurisdictions reported that speed, base and ice were all 'easy' or 'very easy' to obtain and that availability was stable.

The proportion of IDU reporting use of speed in the six months preceding interview has stabilised in all jurisdictions and was highest in VIC and lowest in NSW. The proportion of IDU reporting recent use of base varied. The use of ice stabilised in the majority of the jurisdictions and increased in QLD, TAS and ACT. However, KEs did expressed concerns

regarding the health impact of the use of the more potent forms of methamphetamine, specifically the psychological well-being of clients.

11.3 Cocaine

Cocaine price, purity and availability were reported by small numbers of respondents in all jurisdictions except NSW. This in itself is an indication of limited cocaine use in the samples surveyed by the IDRS and may reflect smaller or more hidden markets.

With the exception of NSW, small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine was cheapest in SA at $190 a gram, and a cap of cocaine remained stable at $50 in NSW.

The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT. Many states had few or no State Police seizures analysed. In 2003/04 most of the cocaine seizures analysed were from NSW, VIC and QLD. The AFP generally seizes cocaine at the border, with higher purity. Of those IDU able to comment, nearly a third (27%) reported the purity as low and 30% as medium.

Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 20% reported it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

The proportion of IDU reporting recent cocaine use decreased in NSW (53% to 47%), the ACT (13% to 10%), SA (13% to 6%), VIC (13% to 10%), QLD (16% to 10%) and in TAS (9% to 4%). The frequency of use remained stable in all jurisdictions except the NT where it increased from two days to six days and in WA where is decreased from six days to two days.

11.4 Cannabis

The price of an ounce of cannabis remained cheapest in SA. Gram prices varied from $20 to $25, consistent with previous years. In SA, bags of approximately two and a half grams were sold for $25. The majority of IDU in all jurisdictions reported that the price had remained stable in the preceding six months.

As in previous years, the IDU in all jurisdictions perceived potency of hydroponic cannabis as 'high' and 'medium' for bush cannabis. The potency for both forms was reported as stable. Bush and hydroponic cannabis were considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Cannabis use was common among IDU and frequency of use was high. Hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of bush cannabis in the six months preceding interview was reported in all jurisdictions by half of respondents (46% in VIC to 80% in TAS). The use of hash (6% in NSW to 27% in WA) and hash oil (4% in VIC, 5% in NSW, ACT and the NT to 15% in WA) in the preceding six months was also reported in all jurisdictions.

11.5 Other drugs

Twenty five percent of the national sample reported the use of illicit methadone syrup and 12% reported illicit Physeptone® tablets in the six months preceding interview. Of those that reported recent methadone use, twenty seven percent reported that illicit methadone was the form of methadone used most.

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS. The majority of participants that reported they had used morphine reported they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Almost half (43%) of the TAS sample and 26% of IDU in WA reported injection of pharmaceutical stimulants in the six months preceding interview. Benzodiazepine injection continues to occur among significant minorities in TAS (30%) and the NT (20%). The injection of illicit methadone syrup (62%) and illicit Physeptone® (47%) was highest in TAS. Twenty nine percent of IDU in VIC reported the injection of illicit buprenorphine followed by 20% in WA, 16% in QLD, 11% in SA and less than 10% in the other jurisdictions. The injection of these oral preparations is a concern due to the risk of vein damage.

11.6 Associated harms

The proportion of IDRS IDU samples that report lending or borrowing needles has remained stable in 2004, however the proportion of the sample that reported sharing some form of injecting equipment has increased to 45% (from 34% in 2003). This is of concern due to the risk of transmission of BBVI, in particular HCV, which is prevalent in the IDU population.

Consistent with previous years, the majority of IDU (74%) in the national sample reported that they had last injected at home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

In 2004, there was a dramatic increase (28% to 71%) in the proportion of the national IDU sample reporting having attended a health professional for a mental health problem other than drug use in the preceding six months. As in 2003, depression was the most commonly reported mental health problem among the IDU sample, followed by anxiety.

The majority (71%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. Significant scarring/bruising (50%) and difficulty injecting (indicating poor vascular health) (42%) were commonly reported.

As in previous years, about half (48%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (31%) and property crime (24%). Recent self reported crime rates were lowest in the ACT (34%) highest in TAS (63%). Forty two percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences reflecting the crimes most commonly reported in the past month.

12 IMPLICATIONS

Australian Drug Trends 2004 presents the findings of the fifth year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time in standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2004 findings indicate that although there are some commonalities in drug trends across the country, there is also substantial variation. For example, there has been an increase in the use and availability of crystalline methamphetamine across the country, while the diversion and misuse of specific pharmaceuticals raise issues to consider in different jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each jurisdiction.

The 2004 IDRS data suggest some stabilisation of the heroin market: the price of heroin reduced in some instances; availability and use were stable, although the frequency of use reduced in most jurisdictions. Use has not returned to the levels reported prior to the heroin shortage in most jurisdictions; however this trend needs to be monitored to see if it is indicative of a sustained change in availability and use. If heroin becomes increasingly available then it would be expected that there may be a concomitant increase in the harms associated with heroin use as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. A recently completed NDLERF funded project conducted by NDARC, the Australian Customs Service and the NSW police focussed on developing our understanding of these markets (McKetin and McLaren 2004).

The reported increase in 2003 in the use and availability of crystalline methamphetamine continues to raise issues for health and law enforcement professionals about methamphetamine use overall. Reports by KEs suggest that there is concern among health and law enforcement professionals on how to deal with an increase in demand for assistance with problems associated with methamphetamine use. It is anticipated that the usual problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia, cardiac difficulties) develop more quickly in response to the use of the potent crystal form (Degenhardt and Topp 2003). Health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information for use of methamphetamines should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to detect significant amounts of cocaine at the Australian border, indicating there is a substantial market in Australia. The 2004 IDRS suggests that the use of cocaine, frequency of use and availability has stabilised in NSW, while use remains sporadic in other jurisdictions. As cocaine use is sporadic among the IDRS samples interviewed, more detailed research is needed to further investigate the cocaine markets in Australia. Recently NDLERF funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand. This project will investigate use among professional users, recreational poly drug users and IDU in an attempt to provide more detailed information. In addition, another NDLERF funded national project, the Party Drugs Initiative, provides information on cocaine use in other user populations (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005).

The frequency of cannabis use among IDU samples stabilised in all jurisdictions in 2004. Although IDU who are interviewed in the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population surveys in Australia suggest that over one third of the population report cannabis use in their lifetime, and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported hydroponic cannabis potency as high (bush cannabis was medium), and that much of the cannabis used was hydroponically grown, future work could be conducted to examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reported using illicitly (rather than licitly) sourced pharmaceuticals, further investigation into the sources is required. Turning Point Alcohol and Drug Centre Inc did examine the buprenorphine diversion and injection among IDUs in Melbourne and identified it as an issue that requires attention (Jenkinson, Clark et al. 2005). Careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of equipment increased in 2004 and are relatively high (45% the national sample), and continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups. The PDI, which has been funded by NDLERF to be conducted in every jurisdiction in Australia between 2003-2005, documents patterns and trends in use among ecstasy and related drug users (Breen, Degenhardt et al. 2004; Stafford, Degenhardt et al. 2005). Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide

information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

Methodological considerations

As previously mentioned, the IDRS is not designed to provide information regarding illicit drug use in the general population, nor does it provide information that is representative of all illicit drug users. However, the IDRS does provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction on a sentinel group of IDU in an attempt to detect emerging trends in illicit drug markets. The IDU survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the IDU survey in all Australian jurisdictions since 2000 and the examination of comparable data over time represent continued progress in the monitoring of illicit drug trends.

The IDRS is designed to detect emerging trends and inform future research; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the IDRS can provide background information issues related to illicit drug markets such as levels of use of a certain drug among a group of IDU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional *Drug Trends 2004* reports, available from NDARC.

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APPENDICES

Appendix A

Table A1: Price, purity and availability of heroin by jurisdiction, 2003

	National N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
Median Price ($)*									
per gram	-	300	350	380	350*	425	550	-	400
per cap	-	50	50	50	50*	50	50	50*	50
Price changes									
(% who commented)	n=596	n=147	n=90	n=133	n=15	n=68	n= 54	n=9	n=86
Don't know	5	0	4	2	20	6	7	44	12
Decreased	9	3	54	13	0	3	17	0	5
Stable	65	71	21	66	73	71	52	56	69
Increased	14	22	11	14	0	15	13	0	7
Fluctuated	6	4	9	5	7	6	11	0	8
Median purity (%)^	-	26.0	23.9	22.6	70.4	18.9	24.0	^	22.5
Availability									
(% who commented)	n=596	n=150	n=90	n=133	n=17	n=68	n=54	n=9	n=77
Don't know	2	0	0	1	7	2	2	44	3
Very easy	44	54	44	46	33	34	43	0	42
Easy	42	37	47	40	33	53	43	0	43
Difficult	11	7	9	12	20	12	13	22	12
Very difficult	2	1	0	2	13	0	0	33	1
Availability changes									
(% who commented)	n=595	n=150	n=90	n=133	n=15	n=68	n=54	n=9	n=76
Don't know	4	1	1	2	13	4	6	56	7
Easier	14	20	14	16	7	7	4	0	18
Stable	65	70	57	71	67	65	56	33	63
More difficult	15	8	27	11	0	19	26	0	8
Fluctuates	3	1	1	2	13	4	9	11	4
Place usually score									
(% use & commented	n=590	n=150	n=89	n=132	n=15	n=68	n=54	n=6	n=76
Don't use	4	1	3	2	0	10	9	0	4
Street dealer	15	31	12	15	13	4	4	17	8
Dealer's home	19	9	27	24	20	22	22	17	17
Mobile dealer	40	45	46	39	13	37	32	0	46
Friend#	7	3	8	8	40	6	30	67	16

Source: IDRS IDU interviews

*Small numbers reported TAS n=4 gram, n=2 cap; NT n=0 gram, n=5 cap

^Purity data is provided by the ACC and reflects analysed seizures by State Police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 1. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2002/03. No seizures of heroin were analysed for purity in the NT in 2001/02.

includes gift from friend

Appendix B

Table B1: Price, purity and availability of methamphetamine powder by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($)		n=8	n=8	n=24	n=8	n=19	n=22	n=18	n=28
per gram	-	50	175	200	215	100	260	100	200
Price per point	-	n=11	n=31	n=55	n=27	n=25	n=37	n=18	n=36
		50	50	40	50	25	50	50	50
Price per ½ weight	-	n=13	n=7	n=41	n=4	n=12	n=25	n=8	n=22
		50	130	100	70	100	150	150	100
Price changes									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	11	15	15	8	8	16	9	13	7
Decreased	9	9	4	5	8	12	2	0	8
Stable	70	71	65	77	74	60	56	77	74
Increased	6	4	13	8	4	8	23	4	8
Fluctuated	4	2	2	1	6	4	11	6	3
Median purity*	-	8.5	11.5	22.7	12.2	21.5	18.0	n.a	19.4
Availability									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	6	7	7	1	2	14	5	11	5
Very easy	45	35	49	42	40	50	49	43	51
Easy	33	40	33	40	38	28	32	23	30
Difficult	13	13	13	16	18	6	12	15	14
Very difficult	3	6	0	2	2	2	2	9	1
Availability changes									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	10	11	17	7	6	16	9	13	7
Easier	14	18	11	16	16	8	9	11	19
Stable	59	53	59	63	58	64	67	53	57
More difficult	13	11	13	12	20	8	16	13	14
Fluctuates	3	7	0	2	0	4	0	11	3
Place usually score	n=470	n=54	n=44	n=84	n=50	n=48	n=55	n=47	n=88
Don't use	7	19	9	2	2	6	6	2	10
Street dealer	14	22	16	16	12	8	7	23	10
Dealer's home	20	9	30	17	38	15	20	11	21
Mobile dealer	21	28	16	25	22	27	18	6	19
Friend*	34	22	21	36	26	35	48	52	35

Source: IDRS IDU interviews

Source of purity data: ABCI, 2001, 2002. ACC, 2003. Purity data reflects analysed seizures by State Police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 3. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice. 2002/2003 data not available for the NT. *includes gift from friend

Table B2: Price and availability of methamphetamine base by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($)		n=23	n=5	n=4	n=24	n=30	n=17	n=14	n=63
per 'point'	-	50	50	40	50	30	50	50	50
Price		n=2	n=1	n=4	n=8	n=22	n=14	n=7	n=27
½ gram	-	150	150	100	200	100	150	150	100
Price		n=5	n=4	n=2	n=6	n=16	n=10	n=5	n=18
Gram	-	200	210	200	300	200	275	250	200
Price changes (% who commented)	N=278	n=48	n=10	n=9	n=44	n=58	n=27	n=19	n=63
Don't know	13	23	30	0	14	14	7	11	5
Decreased	5	4	10	11	5	3	4	0	6
Stable	73	65	60	67	80	69	70	84	81
Increased	5	4	0	22	0	9	11	0	5
Fluctuated	4	4	0	0	2	5	7	5	3
Availability (% who commented)	N=277	n=48	n=10	n=9	n=44	n=58	n=27	n=18	n=63
Don't know	5	4	10	0	0	5	15	6	3
Very easy	37	33	20	22	52	31	23	17	48
Easy	39	42	30	33	30	50	36	50	35
Difficult	17	19	40	33	14	9	23	22	14
Very difficult	3	2	0	11	5	5	0	6	0
Availability changes (% who commented)	N=278	n=48	n=10	n=9	n=44	n=58	n=27	n=19	n=63
Don't know	8	8	10	0	5	9	15	11	6
Easier	13	15	30	11	23	12	0	16	10
Stable	60	60	50	56	52	67	52	53	68
More difficult	16	15	10	22	21	9	22	16	13
Fluctuates	4	2	0	11	0	3	11	5	3
Place usually score	N=275	n=48	n=9	n=9	n=44	n=57	n=27	n=19	n=62
Don't use	6	13	11	0	0	11	4	0	5
Street dealer	10	25	11	0	7	7	0	11	10
Dealer's home	20	17	33	22	48	14	11	11	15
Mobile dealer	26	21	22	44	18	28	26	11	36
Friend*	30	21	22	11	25	35	48	47	29

Source: IDRS IDU interviews *includes gift from friend

Table B3: Price and availability of crystal methamphetamine by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($) per 'point'	-	n=32 50	n=47 50	n=24 50	n=35 50	n=30 50	n=45 50	n=8 50	n=27 35
Price ($) per gram		n=7 250	n=10 300	n=16 250	n=8 350	n=21 200	n=23 300	n=6 300	n=25 200
Price changes (% who commented)	N=428	n=58	n=47	n=42	n=65	n=50	n=67	n=22	n=67
Don't know	29	29	18	29	85	22	9	18	13
Decreased	6	7	12	5	0	6	8	0	9
Stable	52	53	58	57	15	64	52	59	67
Increased	10	10	11	10	0	4	24	14	8
Fluctuated	3	0	2	5	0	4	8	9	3
Availability (% who commented)	N=429	n=58	n=57	n=42	n=65	n=51	n=67	n=22	n=67
Don't know	4	7	2	5	3	8	0	9	6
Very easy	46	45	67	21	51	31	52	14	54
Easy	34	35	25	45	35	47	28	41	24
Difficult	13	9	7	24	9	10	15	27	15
Very difficult	3	5	0	5	2	4	6	9	2
Availability changes (% who commented)	N=428	n=58	n=57	n=42	n=65	n=51	n=67	n=22	n=67
Don't know	12	12	7	12	25	12	6	18	9
Easier	28	41	35	12	60	18	15	0	21
Stable	48	38	44	60	14	61	59	59	61
More difficult	10	7	12	17	2	8	15	18	9
Fluctuates	2	2	2	0	0	2	5	5	0
Place usually score	N=427	n=58	n=56	n=42	n=65	n=51	n=67	n=22	n=66
Don't use	5	14	5	5	0	2	6	9	0
Street dealer	16	40	20	17	9	4	3	14	18
Dealer's home	22	7	39	17	29	22	22	14	17
Mobile dealer	19	21	16	33	37	22	13	27	29
Friend*	33	17	18	36	38	39	48	32	32

Source: IDRS IDU interviews
*includes gift from friend

Appendix C

Table C1: Price, purity and availability of cocaine by jurisdiction, 2003

	National N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
% used cocaine in last 6 months	18	53	13	13	9	13	10	5	16
Median Price ($) per gram	-	200 n=11	200 n=1	250 n=1	250 n=1	250 n=1	250 n=1	-	300 n=8
Price changes (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	25	8	60	75	50	0	0	100	39
Decreased	4	2	10	0	0	0	0	0	15
Stable	54	67	30	25	50	100	0	0	8
Increased	16	22	0	0	0	0	50	0	31
Fluctuated	2	1	0	0	0	0	50	0	8
Availability (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	16	4	20	50	0	0	0	92	23
Very easy	21	31	0	0	0	17	0	0	8
Easy	24	33	10	0	0	0	50	0	15
Difficult	26	26	10	50	50	33	0	0	46
Very difficult	16	7	60	0	50	50	50	8	8
Availability changes (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	22	6	50	50	0	17	50	92	39
Easier	9	12	10	0	0	17	0	0	0
Stable	45	54	40	25	100	67	0	0	31
More difficult	21	28	0	25	0	0	50	8	15
Fluctuates	2	1	0	0	0	0	0	0	15
Place usually score	n=140	n=90	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't use	21	12	30	25	0	33	0	92	8
Street dealer	22	33	10	0	0	0	0	0	0
Dealer's home	5	4	0	25	0	0	0	0	15
Mobile dealer	24	33	10	0	0	0	0	0	23
Friend*	25	14	50	50	100	67	100	8	54

Source: IDRS IDU interviews
*includes gift from friend

Table C2: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000-2004

	1997	1998	1999	2000	2001	2002	2003	2004
NSW	33	10	34	63	84	79	53	**47**
ACT	-	-	-	15	40	18	13	**10**
VIC	10	12	7	13	28	17	13	**10**
TAS	-	-	-	6	8	12	9	**4**
SA	33	34	27	20	27	26	13	**6**
WA	-	-	-	22	32	17	10	**15**
NT	-	-	-	18	13	13	5	**10**
QLD	-	-	-	13	28	15	16	**10**

Source: IDRS IDU interviews

* Data not collected in all jurisdictions until 2000

Appendix D

Table D1: Price, potency and availability of cannabis by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($) HYDRO									
per ounce	-	310	322.50	280	300	200	270	305	310
per gram	-	20	20	20	25	25*	25	25	25
Price ($) BUSH									
per ounce	-	225	200	250	150	180	200	200	240
per gram	-	20	20	20	25	25*	20	25	15
Price changes									
(% who commented)	N=740	n=120	n=85	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	5	5	9	5	1	7	3	7	3
Decreased	7	8	11	4	16	5	2	1	10
Stable	71	77	71	84	65	59	82	64	65
Increased	11	6	5	5	12	14	7	23	20
Fluctuated	6	5	5	2	5	15	7	5	2
Potency	High	High	High	High	High	High	High	High	High
Availability									
(% who commented)	N=741	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	2	2	1	0	0	2	2	6	1
Very easy	58	68	59	61	83	34	74	43	45
Easy	31	23	31	29	17	46	21	37	43
Difficult	8	7	8	9	0	16	3	13	9
Very difficult	1	1	0	1	0	1	0	1	2
Availability changes									
(% who commented)	N=741	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	3	2	5	2	1	2	2	7	2
Easier	8	5	12	6	1	13	2	4	22
Stable	73	83	70	82	90	48	84	63	60
More difficult	12	6	13	8	5	27	7	20	12
Fluctuates	5	4	1	3	3	10	7	7	4
Place usually score	N=740	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't use	2	3	1	1	0	3	2	6	1
Street dealer	13	36	7	10	4	4	3	17	12
Dealer's home	25	14	41	27	32	20	21	17	26
Friend #	42	23	35	43	52	55	58	45	39
Grow your own	4	3	7	4	9	2	8	1	2
Production source	N=733	n=115	n=85	n=125	n=78	n=90	n=61	n=86	n=93
Don't know	33	32	31	22	36	37	33	57	25
Small-time/ backyard	37	21	39	45	35	53	49	22	33
Large scale cultivator	26	44	21	31	19	8	12	19	40

Source: IDRS IDU interviews

* a 'bag' of approximately 2.5 grams of cannabis

#includes gift from friend